





DORSET COUNTY COUNCIL.

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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

T. W. STALLYBRASS, M.D., D.P.H.

FOR THE YEAR 1935.

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## PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

<i>Name.</i>	<i>Qualifications.</i>
(1) <i>County Medical Officer of Health :—</i> STALLYBRASS, THEODORE WILLIAM	M.D., D.P.H., Barrister-at-Law.
(2) <i>Other whole-time Medical Officers :—</i> <i>Clinical Tuberculosis Officer :—</i> CHALKE, HERBERT DAVIS CASSIDY, COLIN (temporary 1/7/35 to 30/4/36) CROSSLEY, LEONARD ( do. 3/7/35 to 7/9/35)	MA., M.R.C.S., L.R.C.P., D.P.H. M.C., M.R.C.S., L.R.C.P. M.D.
<i>Assistant County Medical Officers :—</i> SMITH, GRAHAM UDALL WALTERS, ENID MARGARET EVANS, LEONORA SYBIL BELL, WILLIAM L. H. L. ( <i>and County Oculist</i> ) LYLE, WILLIAM F. (resigned 7/7/35) SULLIVAN, JOHN (temporary 16/9/35 to 20/10/35) BYETT, HILDA LOUISE ( do. 1/10/35 to 31/7/36)	M.B., D.P.H., D.T.M. M.B., B.S. M.R.C.S., L.R.C.P. M.R.C.S., L.R.C.P. M.D., D.P.H., B.Sc. M.B., B.S., D.P.H. M.B., B.S., D.P.H.
(3) <i>Part-time Medical Officers :—</i> <i>Orthopaedic Surgeon :—</i> FORRESTER-BROWN, MAUD FRANCES  <i>X-Ray Treatment of Ringworm and Radiologist :—</i> MALPAS, DOUGLAS DUNCAN  <i>Radiologists :—</i> HEATH, FRANCIS HAROLD RODIER PIMM, ALLAN  <i>Consultant Oculists :—</i> ROSS, PERCY ALEXANDER COLLEY, THOMAS  <i>Emergency Medical Officer, Dorset County Home :—</i> FOUNTAIN, EDWARD DANCE  <i>Medical Officer, " Beckford " Home :—</i> BLACKLEY, HUMPHREY LEWIS	M.S., M.D.   M.B., M.R.C.S.  M.R.C.S., L.R.C.P. M.R.C.S., L.R.C.P.  F.R.C.S. (Edin.), L.R.C.P. M.B., Ch.B., F.R.C.S. (Edin.).  M.R.C.S., L.R.C.P.  M.B., Ch.B.
(4) <i>County Nursing Superintendent :—</i> MACKINTOSH, Miss B. R., M.R. San. I., S.R.N., S.C.M.	<i>Orthopaedic Sister :—</i> PATON, Miss E. H., C.S.M.M.G.
<i>Health Visitors (Appointed by County Council) :—</i> BARKER, Miss M. H. ELLIOTT, Miss K. HODGE, Miss M. O'BRYEN SCOTT, Miss J. A.	S.R.N., S.C.M. S.R.N., S.C.M. S.C.M., H.V. CERT. S.R.N., S.C.M., H.V. CERT.
<i>Health Visitors (Appointed by County Nursing Association) :—</i> COUCHMAN, Miss EDWARDS, Miss A. KEOHANE, Miss M. SYMES, Miss M. PRESTON, Miss M.	S.R.N., S.C.M., H.V. CERT. " " " " " " " " " " " "
<i>School Nurses. (As above).</i>	
(5) <i>Venereal Diseases Clinics (part-time Officers) :—</i> MANN, DR. E. W. SUMNER, DR. F. W. ARMITAGE, DR. J. J. HIBBERT, DR. J. COOTE FACEY, DR. W. E.	Dorchester Clinic. Dorchester Clinic. Salisbury Clinic. Yeovil Clinic. Boscombe Clinic.

(c) *Obstetric Consultants :—  
Specialist.*

*Name.*  
DR. D. A. MITCHELL, M.D., F.R.C.S. (Edin.)  
DR. NICHOLSON-LAILEY, F.R.C.S.  
DR. N. F. LOCK, F.R.C.S.  
DR. J. J. ARMITAGE, M.R.C.S., L.R.C.P.  
DR. R. GORDON LUKER, M.D., F.R.C.S.  
(Edin.), M.R.C.P.

*Address.*  
2, Gay Street, *Bath*.  
2, Stepswater Terrace, Wellington Road, *Taunton*.  
5, Barnfield Crescent, *Exeter*.  
26, Endless Street, *Salisbury*.  
"Stagsden," Westcliff Road, *Bournemouth*.

*Local (Non-specialist) :—*

DR. L. B. SCOTT, M.D., B.Ch.  
DR. F. B. OLIPHANT, M.B., C.M.  
DR. H. A. LAKE, M.D.  
DR. T. RUSSELL STEVENS, F.R.C.S.  
DR. F. W. SUMNER, M.D., F.R.C.S.  
DR. H. F. LUMSDEN, M.B., B.Ch.  
DR. P. N. COOK, M.B., B.S.  
DR. J. C. A. NORMAN, M.R.C.S., L.R.C.P.  
DR. J. MYLES CAIE, M.B., Ch.B.  
DR. D. ARNOTT, M.B.  
DR. T. MACCARTHY, M.R.C.S., L.R.C.P.  
DR. JOHN WHITTINGDALE, M.B., F.R.C.S.  
DR. B. S. HOLLICK, M.R.C.S., L.R.C.P.  
DR. D. W. DE JERSEY, M.B., M.R.C.S., L.R.C.P.  
DR. R. L. HORTON, M.S., F.R.C.S.  
DR. R. M. D. DEVEREUX, M.B., B.Ch., B.A.O.  
DR. C. B. THOMSON, F.R.C.S.

Coupar House, *Blandford*.  
Dorset House, *Bridport*.  
The Yews, *Beaminster*.  
West Walks, *Dorchester*.  
The Gables, *Dorchester*.  
Springfield, *Lyme Regis*.  
Marven, Uplyme, *Lyme Regis*.  
Hadleigh House, *Broadstone*.  
Oaklands, *Shaftesbury*.  
Oaklands, *Shaftesbury*.  
Fermain House, *Sherborne*.  
Wharton, *Sherborne*.  
The Lindens, *Sturminster Newton*.  
Audley House, Burlington Road, *Swanage*.  
2, Westerhall Road, *Weymouth*.  
22, Trinity Road, *Weymouth*.  
30, West Street, *Wimborne*.

(7) *Matrons of County Sanatoria :—*

BUTLER, Miss A. E. (Beckford Home).  
GRIGGS, Miss R. (Dorset County Home).

*Subsidised Midwives (all with C.M.B. Certificates) :—*  
WILLARD, Mrs. L. (Dorchester). DODDS, Miss (West Moors).  
SWANN, Mrs. A. (Portland) (resigned).

*School Dentists :—*

PRETTY, PHILIP JOHN, L.D.S., R.C.S.  
BRADLEY, STANLEY, L.D.S., R.C.S.

*County Analyst :—*

DR. R. P. CHARLES, M.D., F.I.C.

*Clerical Staff :—*MR. C. E. MATTHEWS, M.S.M. (Chief Clerk).

**PUBLIC VACCINATORS AND VACCINATION OFFICERS.**

**BLANDFORD.**

Dr. Kenneth John Talbot Wilson  
Dr. Leonard Bodley Scott  
Dr. John Austral Fitton Storrs  
Dr. Stanley McCoull  
Dr. Alan Edward Staffurth

Mr. Bertie Augustus  
Stanmore Hicks

**WEYMOUTH.**

Dr. James Brereton-Barry  
Dr. Michael Joseph Saunders  
Dr. Maurice Clare Anderson  
Dr. John Alexander Pridham  
Dr. Ellis Hughes Parkinson  
Dr. George Russell Wadsworth

Mr. Eleazar Lauriston  
Greening

**SHAFTESBURY.**

Dr. David Arnott  
Dr. Arthur Walker  
Dr. James Appleyard  
Dr. George Edmund Ellis

Mr. Lucius George Gibbs

**POOLE.**

Dr. William Bruce McQueen  
Dr. Sam Leslie Lord  
Dr. Alexander Stables  
Dr. Joseph Clement Arthur Norman  
Dr. Stanley Devine

Mr. Leonard Frederick  
Athersych

**SHERBORNE.**

Dr. Thomas MacCarthy  
Dr. Stanley Stephens  
Dr. John Flasby Lawrence Whittingdale

Mr. Daniel Frederick  
Charles Ballam

**WAREHAM.**

Dr. Alan Maitland Cunningham  
Dr. John Aubrey Snell  
Dr. John Austral Fitton Storrs  
Dr. Maurice Clare Anderson  
Dr. Godfrey Dru Drury  
Dr. William Arthur Rees

Mr. Harold William  
Cockbaine  
Mr. William John Snelling

**STURMINSTER.**

Dr. William Person Richardson  
Dr. Bernard Septimus Hollick  
Dr. Donald John Munro  
Dr. Henley Hamlyn Moyle

Mr. Henry Thomas  
Johnson

**DORCHESTER.**

Dr. Theodore Belchambres Broadway  
Dr. William Ernest Good  
Dr. Forbes Kinnear  
Dr. Humphrey Meigh Stephenson  
Dr. George Russell Wadsworth  
Dr. Ernest Edmund Dalton

Mr. William Henry  
Allsopp  
Mr. Frederick James  
Kendall  
Mr. William Evelyn  
Richards  
Mr. Eleazar Lauriston  
Greening

**WIMBORNE.**

Dr. Bernard Rayne Parmiter  
Dr. Andrew Palethorpe Todd  
Dr. Kenneth Bleckley Clarke  
Dr. Stanley McCoull

Mr. Harry Stacey  
Mr. George F. C.  
Davidge

**BEAMINSTER.**

Dr. Herbert Arnold Lake  
Dr. Alfred Herbert James  
Dr. Edward Roland Thompson  
Dr. Robert Anthony Fawcus

Mr. Stanley William Gibbs

**BRIDPORT.**

Vacant (Dr. Allan Pimm—acting)  
Dr. Arthur George Chamberlain  
Dr. Allan Pimm  
Dr. Harry Foote Lumsden

Mr. William Richard  
Randall  
Mr. Arthur James  
Edwards



# Poor Law Medical Out-relief.

## LIST OF MEDICAL DISTRICTS, GUARDIANS COMMITTEE AREAS AND NAMES OF MEDICAL OFFICERS

<i>Guardians Committee.</i>	<i>Population of Medical Relief District.</i>	<i>Medical District.</i>	<i>Name of Medical Officer.</i>
<b>Blandford</b> ...	4067	No. 1 ... ..	Dr. K. J. T. Wilson.
do. ...	3469	No. 2 ... ..	Dr. D. Oliver.
do. ...	1926	No. 3 ... ..	Dr. A. E. Staffurth.
do. ...	974	No. 4 ... ..	Dr. J. A. Fitton Storrs.
do. ...	315	No. 5 ... ..	Dr. S. McCoull.
<b>Shaftesbury</b> ...	3877	Shaftesbury ... ..	Dr. D. Arnott.
do. ...		Institution ... ..	do.
do. ...	4970	Gillingham ... ..	Dr. A. Walker.
do. ...	1826	Fontmell Magna ... ..	Dr. J. Appleyard.
do. ...	808	Bourton ... ..	Dr. G. E. Ellis.
<b>Sherborne</b> ...	8123	Sherborne ... ..	Dr. J. F. L. Whittingdale.
do. ...	1945	Bradford Abbas ... ..	Dr. T. MacCarthy.
do. ...	1535	Yetminster ... ..	Dr. S. Stephens.
do. ...	322	Batcombe ... ..	Dr. E. E. Dalton.
<b>Sturminster</b> ...	1788	No. 1 ... ..	Dr. W. P. Richardson.
do. ...	922	No. 2 ... ..	Dr. B. S. Hollick.
do. ...	1294	No. 3 ... ..	Dr. D. J. Munro.
do. ...	1782	No. 4 ... ..	Dr. H. H. Moyle.
do. ...	2140	No. 5 ... ..	Dr. B. S. Hollick.
do. ...		Institution ... ..	do.
do. ...	562	Mappowder ... ..	Dr. E. E. Dalton.
<b>Dorchester</b> ...	689	Cerne Eastern ... ..	Do.
do. ...	2142	do. Western ... ..	do.
do. ...	2127	Puddletown ... ..	Dr. F. Kinnear.
do. ...	260	Frome St. Quintin ... ..	Dr. A. H. James.
do. ...	4830	Dorchester ... ..	Dr. T. B. Broadway.
do. ...		Institution ... ..	do.
do. ...	1677	Broadmayne ... ..	do.
do. ...	5200	Fordington ... ..	Dr. C. D. Day.
do. ...	3373	Charminster ... ..	Dr. W. E. Good.
do. ...	426	Longbredy ... ..	Dr. G. Russell Wadsworth.
do. ...	1654	Maiden Newton ... ..	Dr. H. M. Stephenson.
do. ...	400	Owermoigne ... ..	Dr. M. C. B. Anderson.
<b>Weymouth</b> ...	10100	Melcombe Regis ... ..	Dr. C. M. Forbes.
do. ...	12088	Weymouth ... ..	Dr. J. Brereton-Barry.
do. ...	4355	Wyke Regis ... ..	Dr. E. H. Parkinson.
do. ...	3247	Upwey ... ..	Dr. J. A. Pridham.
do. ...	12019	Portland ... ..	Dr. M. J. Saunders.
do. ...	1249	Abbotsbury ... ..	Dr. G. Russell Wadsworth.
do. ...		Institution ... ..	Dr. R. L. Horton.
do. ...	—	Children's Homes, "Stormount" ... ..	Drs. E. H. Parkinson and R. L. Horton.
<b>Poole</b> ...	60196	Poole No. 1 ... ..	Dr. W. B. McQueen.
do. ...		Poole No. 3 ... ..	Dr. S. L. Lord.
do. ...		Poole No. 4 ... ..	Dr. A. I. Curr.
do. ...		Poole No. 5 ... ..	Dr. J. C. A. Norman.
do. ...		Poole No. 6 ... ..	Dr. A. Stables.
do. ...		Poole No. 7 ... ..	Dr. S. Divine.
do. ...		Institution ... ..	Dr. N. H. R. Hatfield.
do. ...	—	Broadstone Children's Home ... ..	Dr. J. C. A. Norman.
<b>Wareham</b> ...	2581	Wareham No. 1 ... ..	Dr. A. M. Cunningham.
do. ...	2519	Wareham No. 2 ... ..	Dr. J. A. B. Snell.
do. ...		Institution ... ..	do.
do. ...	2542	Wareham No. 3 ... ..	Dr. J. A. Fitton Storrs.
do. ...	5144	Wareham No. 4 ... ..	Dr. M. C. B. Anderson.
do. ...	1845	Wareham No. 5 ... ..	Dr. G. Dru Drury.
do. ...	8009	Wareham No. 6 ... ..	Dr. W. A. Rees.
do. ...	2104	Wareham (Lyttchets) ... ..	Dr. S. L. Lord.
<b>Wimborne</b> ...	6958	No. 1 ... ..	Dr. B. R. Parmiter.
do. ...		Institution ... ..	do.
do. ...	7537	No. 2 ... ..	Dr. A. P. Todd.
do. ...	4576	No. 3 ... ..	Dr. K. B. Clarke.
do. ...	1521	No. 4 ... ..	Dr. S. McCoull.
do. ...	108	Almer ... ..	Dr. J. A. Fitton Storrs.
<b>Beaminster</b> ...	2320	Beaminster No. 2 ... ..	Dr. H. A. Lake.
do. ...	2331	Beaminster No. 1 ... ..	do.
do. ...		Institution ... ..	do.
do. ...	520	Beaminster No. 4 ... ..	Dr. E. R. Thompson.
do. ...	788	Beaminster No. 5 ... ..	Dr. R. A. Fawcus.
do. ...	1571	Beaminster No. 3 ... ..	Dr. A. H. James.
do. ...	488	Beaminster No. 6 ... ..	Dr. H. A. Lake.
<b>Bridport</b> ...	7738	Bridport ... ..	Dr. F. B. Oliphant.
do. ...		Institution ... ..	do.
do. ...	1560	Askerswell ... ..	Dr. Allan Pimm.
do. ...	1887	Charmouth ... ..	Dr. A. G. Chamberlain.
do. ...	1669	Allington ... ..	Dr. Alan Pimm (acting).
do. ...	2620	Lyme Regis ... ..	Dr. H. F. Lumsden.

# **VITAL STATISTICS.** (See Tables I. and III.)

Area (acres)	...	...	...	...	...	...	...	622,843.
Population (estimated 1935)	...	...	...	...	...	...	...	246,200.
Rateable value for whole County, 1st April, 1935	...	...	...	...	...	...	...	£1,613,329.
Estimated produce of a penny rate over the whole County, 1935-36	...	...	...	...	...	...	...	£6,284.

**Population.** According to the estimates of the Registrar-General, the population of the County in 1935 was 246,200, an increase of 2,800 on the previous year. In the Urban Districts the population was 152,500. In the Rural Districts it was 93,700.

**Birth-Rate.** The number of live births registered in the County was 3,459, and the live birth rate was 14.0. The live birth-rate for England and Wales was 14.7.

## *Rates in previous decennium :—*

Year	...	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Birth-rate	...	16.2	16.0	15.6	15.8	15.5	15.4	14.8	14.3	13.6	13.8

**Death-Rate.** The number of deaths registered in the County was 2,971, and the crude death rate was therefore 12.0. The death-rate for England and Wales was 11.7.

The corrected death-rates for the Urban and Rural Districts, taking into consideration the age and sex distribution of the population as shewn at the foot of Table I., are as follows :—

Urban Districts : 10.3.      Rural Districts : 9.9.

## *Crude Death Rates in previous decennium :—*

Year	...	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Death-rate	...	11.3	11.5	12.3	11.9	12.8	12.6	13.0	12.5	11.8	11.9

**Chief Causes of Death.** As before, heart disease heads the list with a total of 766 deaths during the year, of which, however, 583 were in persons over the age of 65 years.

Cancer is again the second highest cause of death with a total of 495 at all ages, the majority being in persons over the age of 55 years. The number is a substantial increase on that of 1934, when only 453 deaths were due to this disease.

Pulmonary tuberculosis shows an increase during the year with 123 deaths, but in the total number of deaths from tuberculosis there is no material increase.

The deaths from influenza number 40 as compared with 37 last year, but those from bronchitis, pneumonia and other respiratory diseases all show a decline as compared with last year.

**Infantile Mortality.** The number of deaths of infants under one year of age was 132. The infant death-rate is measured by the number of deaths per 1,000 live births. The number of live births in 1935 was 3,459, and the infant death-rate was therefore 38. The rate for England and Wales was 57.

The infant death-rate of 38 is the lowest ever recorded for the County, and it is interesting to compare it with the rate of 90 which was recorded in 1911. That rate was then considered to be very low as compared with the rate of 130 for England and Wales. The rate has steadily declined during the whole of the last 25 years. In the County Area exclusive of the Poole and Weymouth Boroughs, the rate is still lower, amounting to only 36 for the year 1935.

## *Rates in previous decennium :—*

Year	...	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Infantile Mortality	...	52	55	49	48	48	46	49	48	45	43

*Deaths among illegitimate infants.* There was a decrease in the number of illegitimate births in the County during the year, the total numbering 161 as against 170 in 1934. Of these, 157 were live births as against 158 last year, and 4 were still births as against 12 last year. The deaths among these illegitimate infants numbered 10 for the whole County, with a death-rate of 63. Three of these deaths occurred in the Borough of Poole and the remainder in the County Area, exclusive of Poole and Weymouth.

*Maternal Mortality.* The maternal deaths numbered 14 for the year with a somewhat curious distribution. Five deaths occurred in each of the boroughs of Poole and Weymouth out of a total number of 1,024 and 484 births respectively. In the remaining area of the County only 4 deaths occurred out of a total of 2,088 births.

The rate for the County as a whole, therefore, amounted to 3.9 whereas the rate for the County Area (excluding Poole and Weymouth Boroughs which are their own Maternity and Child Welfare Authorities) amounted to 1.9.

These figures illustrate the difficulties involved in the solution of this problem. In the County Area one of the four deaths is known to have been almost certainly preventable and mainly due to the lack of hospital facilities in an isolated area, whereas of the 10 deaths occurring in the two boroughs two were understood to have been directly attributable to admission to hospital as a result of a subsequent infection with scarlet fever contracted therein.

In reviewing the rates over a number of years it does appear that some slight diminution in the County is being attained.

*Rates during past eight years —*

Year			1928	1929	1930	1931	1932	1933	1934	1935
Maternal Mortality	...	...	5.2	4.3	5.4	4.6	2.8	3.1	5.1	3.9

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

A periodical survey of the Health Services of the County was undertaken by officers of the Ministry of Health during the year, but at the date of going to Press the report has not been received.

Apart from illness, the Medical Staff was depleted during the year by a desire not to fill the vacancy created by the resignation of Dr. W. F. Lyle, prior to a decision regarding the possibility of a combined appointment as Medical Officer of Health of four districts in the West of Dorset. In addition, Dr. Evans was granted nine months' leave of absence without pay to enable her to undertake a Course in London for the D.P.H. Temporary appointments were made to fill the vacancies.

**Local Government Act, 1933—Section 111.** During the year it became necessary to consider arrangements for the appointment of a Medical Officer of Health in accordance with the terms of the section for the four districts in the West of Dorset, namely, Lyme Regis Borough, Bridport Borough, and the Bridport and Beaminster Rural Districts.

The scheme previously formulated by the County Council, after consultation with these districts, provided a joint appointment of Assistant County Medical Officer and Medical Officer of Health for each of these separate districts. Under this proposal the officer appointed would have been solely responsible to me for his work for the County Council, including such work as school medical inspection and solely responsible to the District Councils for his work as Medical Officer of Health of each district. In other words he would have been a part-time employee of each authority, but in accordance with the terms of the Act prohibited from engaging in private practice.

The proposal was on the lines of many similar appointments that are now being made throughout the country, and seemed a most economical and efficient way of dealing with the position.

In view of the fact that there also existed at the same time a vacancy for the appointment of an Assistant County Medical Officer a conference of representatives of all Authorities was held at Bridport in July for the purpose of agreeing to the terms of the proposed joint appointment. The conference proved abortive and disclosed the fact that the District Councils wished to consider the appointment of a whole-time Medical Officer of Health for the four County districts completely unconnected with County Administration. It is understood that such an appointment has since been made to take effect in 1936.



To reduce the financial strain it is understood that the new officer will also be given charge of the Isolation Hospital owned by the Joint Hospital Board in place of a general practitioner who has previously held this appointment. It will be realised from a financial point of view that the arrangement will cost more than that proposed by the County Council, and that the County Council are called upon to pay half the new officer's salary as Medical Officer of Health.

It is probably not generally understood throughout any of the districts in the County that the scheme formulated by the County Council is one prepared to assist the District Councils and point out a reasonably economical and efficient way in which they may carry out their obligations under this section when called upon to do so. There is no intention of imposing a scheme upon any District Council that can devise a more economical and efficient method of complying with the Act.

**Laboratory Facilities.** The need for much greater laboratory facilities has become apparent in recent years. As reported last year pathological specimens have been dispersed to a large number of different laboratories mostly outside the County. In addition, the District Councils make their own arrangements independently, and there is no uniform system throughout the County.

The decision to establish a Veterinary Service and the recent activities of the Milk Marketing Board will lead to a vastly increased number of milk samples requiring examination. This need has coincided with a proposal to erect new County Buildings in Colliton Park and the decision to include in them provision for a County Laboratory. This will require in due course the appointment of a whole-time bacteriologist and should lead to considerable extension of laboratory work that is certainly required.

**Clinics and Treatment Centres.** For some years past one of the greatest difficulties in the proper development of the Health Services for which the County Council are responsible has been the lack of suitable accommodation.

In Dorchester the matter has been under consideration for some years and a decision to erect a suitable central building was arrived at about two years ago. Unavoidable delay occurred firstly owing to a proposal to combine a County Library with the building and secondly by a subsequent decision to consider the building of a new County Hall and the desire not to prejudice its design by the premature erection of the clinics immediately opposite.

As a result of the delay it has now been decided to erect a clinic apart from any library and with a frontage on Glyde Path Road instead of in Colliton Park. This is probably a much more satisfactory proposal than the original one.

Considerable inconvenience and expense has however, been involved in the delay in connection with patients suffering from tuberculosis, all of whom have to be sent to the County Home at Parkstone for the purpose of X-Rays. Suitable accommodation should lead to much greater efficiency also in the Ante-Natal and Venereal Diseases Services, which in the case of women and children can be to a certain extent combined.

**Orthopaedic Treatment.** The development of the Orthopaedic Scheme during the last five years is illustrated in the table which shows the number of cases and attendances at clinics during the year of patients divided into various categories according to the various Committees that are financially responsible for each.

The Scheme now embraces not merely children under five years of age and children attending Elementary Schools, but children and adults of all ages for whom the Public Assistance Committee assume responsibility and also patients of all ages whose condition is due to tuberculosis.

The only important category of cases that does not now as a general rule obtain orthopaedic treatment is that of fractures. The report of the British Medical Association on the treatment of fractures was received during the year and submitted to the various hospitals in the County.

Apart from the Children's Hospital at Swanage and the Westminster Memorial Hospital at Shaftesbury, which are visited by the County Orthopaedic Surgeon at intervals, there is only one hospital in the County that has an orthopaedic surgeon on its staff and even in this case it is understood that it was found quite impossible to give effect to the report.

The question is probably a very difficult one as where surgeons on the staff of a general hospital are also in local general practice it is very unlikely that they would willingly give up a section of their work into the hands of another practitioner. It is understood that the report is now under the consideration of an Inter-Departmental Committee, and until the decision of the latter is known, it is unlikely that any further steps will be taken in the matter.

Additional clinics were opened during the year at Sherborne and Shaftesbury to serve the North of the County. The Surgeon attends at Sherborne quarterly and the Orthopaedic Sister attends at Sherborne and Shaftesbury fortnightly. The Sister has in addition been provided with a car allowance and is able to visit patients who fail or are unable to attend at the clinics.

The clinic at Shaftesbury was opened at the local Cottage Hospital and great interest has been shown in the work by both the medical and nursing staff of the hospital. As a result of opening the clinic at Shaftesbury Hospital adult patients in the hospital suffering from severe fractures have received the attention of the Orthopaedic Surgeon who has since been elected to the Honorary Consultant Staff and two of these cases were subsequently transferred to the County Home at Warminster for special treatment.

The decision to close the Beckford Home to patients suffering from pulmonary tuberculosis was referred to in my report last year. This Home was opened on the 1st April, 1935, for patients with non-pulmonary tuberculosis, mainly of an orthopaedic character and has since proved invaluable for this purpose.

It was soon found that there was also a demand for the admission of adult orthopaedic patients, but of a non-tuberculous nature and financial responsibility for these patients is at present assumed by the Public Assistance Committee. The cost of the two fracture patients was paid for by the patients themselves or by their Hospital Leagues and during the current year arrangements have also been made to admit orthopaedic patients whether tuberculous or otherwise from Wiltshire for whom the Wiltshire County Council will be responsible.

The Wiltshire Orthopaedic Surgeon, Mr. J. Bastow, F.R.C.S., visits these cases and is responsible for their treatment, the Dorset cases being under the care of Miss Forrester-Brown, who subsequently also sees them at the County Clinics. Operative treatment is arranged by admission to the Bath and Wessex Hospital, with re-transfer subsequently to Warminster.

During the year an open verandah has been built connecting the main building with what was previously used as a recreation room, but which is now used as a ward. Open-air accommodation on the ground floor is now available for 20 men who may all be lying-down cases. The accommodation for women includes five beds for lying-down cases on the ground floor and five beds for walking patients on the first floor. The proportion has been found to more or less meet requirements, the number of adult men with these conditions being greatly in excess of women.

A very satisfactory plaster room has been fitted up and with the possible exception of further accommodation that might be required for women the only other possible requirement that can be foreseen will be an X-Ray plant. There is no urgency for this, however, and in the meantime patients that require to be X-Rayed on the order of the Orthopaedic Surgeon are being done by the Medical Superintendent, Dr. Blackley, at his own house on a fee basis. Arrangements have also been made during the year for occupational therapy and a lady trained in this subject visits the Home weekly for this purpose.

With patients that are likely to be in hospital perhaps one, two or three years, it is essential that some means should be found to occupy their minds if success in the treatment of the physical condition, which requires such extreme patience on the part of the patients, is to be attained.

A new Matron and Sister, both with previous orthopaedic experience were appointed to the Home, and V.A.D. workers have taken an interest in it and voluntarily assisted in the nursing.

The fact that the Home is not merely out of the County but so far away from the populous Southern portion of the County mitigates against local interest that might otherwise be taken in it, and with the admission of patients from Wiltshire it is hoped that more local interest will be aroused.

The attendances at the Orthopaedic Clinics during the year were as follows :—

Clinic.	CASES.								ATTENDANCES.							
	Education Committee.		Public Health Committee.		Public Assistance Ctee.	Weymouth Borough.		Total.	Education Committee.		Public Health Committee.		Public Assistance Ctee.	Weymouth Borough.		Total.
	Elem.	Sec.	C.W.	Tub.		Edu.	P.H.		Elem.	Sec.	C.W.	Tub.		Edu.	P.H.	
<i>Surgeon.</i>																
Bridport ...	36	1	13	3	—	—	—	53	54	2	22	6	—	—	—	84
Dorchester ...	93	14	51	17	4	2	3	184	154	23	97	32	8	2	5	321
Sherborne ...	30	4	22	5	1	—	—	62	46	5	36	8	1	—	—	96
Weymouth ...	16	4	9	7	6	—	—	42	24	5	13	11	9	—	—	62
Wimborne ...	47	11	12	5	3	—	—	78	70	15	18	9	4	—	—	116
Yeovil ...	6	1	2	2	—	—	—	11	7	1	2	3	—	—	—	13
Salisbury ...	2	1	2	—	—	—	—	5	2	1	2	—	—	—	—	5
	*214	*34	*104	*32	*13	2	3	*402	357	52	190	69	22	2	5	697
<i>Sister.</i>																
Blandford ...	36	1	13	—	—	—	—	50	180	1	57	—	—	—	—	238
Bridport ...	39	—	15	3	—	—	—	57	229	—	54	34	—	—	—	317
Dorchester ...	53	11	34	5	3	—	—	106	320	75	221	13	16	—	—	645
Portland ...	20	—	15	—	1	—	—	36	115	—	52	—	1	—	—	168
Sherborne ...	24	7	14	4	—	—	—	49	109	12	68	5	—	—	—	194
Swanage ...	13	2	5	—	—	—	—	20	52	18	20	—	—	—	—	90
Wareham ...	14	—	6	—	1	—	—	21	81	—	26	—	4	—	—	111
Weymouth ...	5	5	—	6	1	—	—	17	11	12	—	28	1	—	—	52
Wimborne ...	38	11	16	2	3	—	—	70	158	28	56	20	9	—	—	271
Shaftesbury ...	8	3	5	—	—	—	—	16	11	3	5	—	—	—	—	19
Salisbury ...	1	—	1	—	—	—	—	2	1	—	2	—	—	—	—	3
Yeovil ...	—	—	1	—	—	—	—	1	—	—	2	—	—	—	—	2
	*233	*36	*115	20	*8	—	—	*412	1267	149	563	100	31	—	—	2110

\*After allowance is made for cases attending more than one clinic.

### MATERNITY AND CHILD WELFARE.

The area covered by the County's Scheme excludes the Boroughs of Poole and Weymouth, which are their own Maternity and Child Welfare Authorities.

#### Notifications and Registration of Births in County Area during 1935 :—

Number of Births Registered (including still births)—Legitimate 1995 Illegitimate 93 Total 2088

Number of Births Notified—Live Births 1888 Stillbirths 65 Total 1953

The number of Births notified by Midwives was 1,334, by Doctors and Parents 619, and particulars are also obtained from the Registrar's returns of births registered but not notified.

Infant Deaths—Legitimate 67 Illegitimate 7 Total 74

Infantile mortality rate ... 36.

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Rates in previous decennium ...	44	54	46	47	49	43	49	42	44	46

Maternal deaths numbered 4 as compared with 10 last year, giving the maternal mortality rate of 1.9 deaths per thousand births. One of these deaths was due to puerperal sepsis and the others were due to other puerperal causes.

#### Maternal mortality

	1928	1929	1930	1931	1932	1933	1934	1935
Rates during past eight years ...	4.9	4.4	4.9	3.2	2.1	3.7	4.7	1.9



### Infant Visiting during 1935.

No. of Infants reported on, born during 1935	...	...	...	...	...	1656
Total number of Visits to Infants	do.	...	...	...	...	18763
Total number of Visits to children between the ages of 1 and 5 years	...	...	...	...	...	11699

The infant visiting is carried out in part by wholetime Health Visitors and in part by District Nurses employed by the District Nursing Associations that are affiliated with the County Nursing Association.

All the whole-time Health Visitors hold the Central Midwives Board certificate and almost all are in addition fully trained nurses and hold the Health Visitor's certificate. Four of them have been appointed by the County Council and are eligible for superannuation under the Local Government and Other Officers' Superannuation Act, 1922. Five of them have been appointed by the County Nursing Association and are not eligible for superannuation under this Act although their work is entirely for the County Council and identical with that of those who have been appointed by the County Council.

The age of voluntary retirement under the Act, namely, 65 years, is altogether too high for women engaged in somewhat arduous outdoor employment and the appointment of women therefore under these circumstances is a matter for serious consideration if the standard of work is not to be allowed to degenerate. These remarks apply not merely to Health Visitors but to all women Public Health Officials generally for whom the age of superannuation might well be reduced to 60 years if not lower.

Under the circumstances it will be realised that there are reasonable grounds for continuing to make use of the County Nursing Association as a means of appointment of Health Visitors, although their work has nothing whatever to do with the Nursing Association. These Health Visitors are able to belong to a superannuation scheme that permits of voluntary retirement at the age of 55, but responsibility for the employer's share of the contribution has not been assumed by the County Council. They have the advantage also of serving under the Superintendent of the County Nursing Association as a Superintendent Health Visitor, whereas those appointed by the County Council do not have this advantage.

The District Nurses doing health visiting may be divided into three categories as follows :—

- (1) Queens' Nurses, *i.e.*, fully trained nurses who have also been trained in district work.
- (2) Fully trained nurses who are not Queen's Nurses.
- (3) Village nurse-midwives who hold the Central Midwives Board Certificate but are not trained nurses.

It is obvious that the standard of work of all these different categories must vary very considerably, and in the light of modern requirements it is not now possible to regard a village nurse-midwife as being an efficient Health Visitor for infants over the age of one year.

These different systems of health visiting have grown up as a result of the visiting of infants from 1-5 years having been super-imposed on the visiting of infants from birth to one year started at an earlier date, and also in connection with the development of District Nursing Associations to whom an additional grant for the purpose of health visiting has been very acceptable.

Under the Midwives Bill at present before Parliament, it will be obligatory to provide a salaried midwifery service throughout the County and when this question comes to be considered it may also be convenient to consider the question of Health Visiting.

### Infant Life Protection.

No change has occurred in the general administration of this service. All whole-time Health Visitors are appointed Infant Life Protection Visitors.

Under the Children and Young Persons Act, 1932, the age was raised from 7 to 9 years with the result that many preparatory schools were brought within the scope of the Act. A number of these schools have since been inspected and certificates of exemption from being visited issued in suitable cases.

The following table summarises the position for the 12 months ended the 31st December, 1935 :—

No. of children on Register on 1st January, 1935	...	...	...	...	81
No. of new children received during year	...	...	...	...	51
No. of removals from Register during year	...	...	...	...	45
No. of children on Register on 31st December, 1935	...	...	...	...	87
No. of Reports made by Infant Life Protection Visitors during year	...	...	...	...	366



### Maternity and Child Welfare Centres.

The number of children between the age of 1-5 years attending some of these centres compares unfavourably with the number of infants and this question is one which requires the attention of both Medical Officers and Health Visitors who attend the centres.

The importance of maintaining touch with children between 1-5 years of age is emphasised by the number of defects that are found in them on first being examined at school and the number of these defects that might have been dealt with earlier.

The early ascertainment of these defects depends in the main on the standard of efficiency of the health visiting staff.

The attendances at the Centres during the year ended 31st December, 1935, were as follows :—

Name of Centre.	Total number of attendances of Children.		Total number of attendances for first time during year.		Total number who attended during year and who at the end of the year were		No. of times Centre opened.
	Under 1 yr. of age.	Between 1-5 yrs. of age.	Under 1 yr. of age.	Between 1-5 yrs. of age.	Under 1 yr. of age.	Between 1-5 yrs. of age.	
Beaminster ...	351	436	21	5	19	63	49
Bere Regis ...	119	301	16	2	13	47	24
Blandford ...	237	412	34	16	31	62	24
*Bridport ...	714	378	49	6	39	90	50
*Dorchester ...	1035	939	86	54	66	133	50
Gillingham ...	319	309	14	7	10	32	50
Lyme Regis ...	337	487	22	5	13	34	51
*Portland (Tophill)	692	636	47	22	35	69	50
*Portland (Underhill)	545	339	46	22	30	45	50
Sherborne ...	734	801	33	16	26	78	52
*Swanage ...	739	872	50	13	43	146	50
Wareham ...	867	1126	42	10	37	138	51
Wimborne ...	1907	1549	61	19	45	145	52
	7696	8585	521	197	407	1087	603

27.6% of the Births notified attended at a Child Welfare Centre.

\* County Council Centres. The others are Voluntary Centres receiving a grant in aid.

### Provision of Midwives and Home Nursing.

There is no change to report in what has been recorded previously. The Dorset County Nursing Association covers practically the whole of the County, but the position will have to be reviewed in detail if and when the present Midwives Bill passes into law.

### Administration of the Midwives Acts.

The inspection of all midwives in the County is now carried out by the County Nursing Superintendent and her help in this matter is much appreciated. During the year 228 visits of inspection were made and the condition of clothing, instruments and appliances reported upon.

The number of cases during the year in which a midwife considered it necessary to send for medical help, namely, 342, is a considerable reduction on the numbers during the past few years and in conjunction with the reduced rate of maternal mortality may be regarded with satisfaction.

In view of the attention that is now centred on this subject there is a possible tendency in some cases for midwives to lose their nerve and send for medical assistance quite unnecessarily. On the other hand it is essential that the sending for medical help should not be unduly delayed in cases where it is really necessary, the decision in the matter resting solely with the midwife.

The number of Certified Midwives on the County Register at the end of the year was 114. All of these have been certified by examination and are as follows :—

(a) Subsidised	...	...	...	...	...	2
(b) Employed by Voluntary Associations	...	...	...	...	...	68
(c) Independent Midwives	...	...	...	...	...	23
(d) In Public Assistance Institutions	...	...	...	...	...	7
(e) Residing outside the County	...	...	...	...	...	14

The number of cases attended by midwives during the year were as follows :—

(a) As midwives	...	...	...	...	...	860
(b) As maternity nurses	...	...	...	...	...	631

The notifications received during 1935 were as follows :—

Of sending for medical help	...	...	...	...	...	...	342
Of still-birth	...	...	...	...	...	...	21
Of death of mother	...	...	...	...	...	...	—
Of death of child	...	...	...	...	...	...	7
Of laying out of dead	...	...	...	...	...	...	30
Of liability to be a source of infection	...	...	...	...	...	...	38
Of artificial feeding	...	...	...	...	...	...	21
Of disinfection	...	...	...	...	...	...	68

#### Ante-Natal Clinics.

A new ante-natal clinic for the North-east of the County was opened at the Shaftesbury Hospital in October, and it is understood that an attempt is now being made to raise funds for the building of a Maternity Block. This is certainly much to be desired as the journeys to Sherborne or Salisbury where the nearest maternity beds are at present available are often too great to be of any use to these patients.

The expectant mothers who attended these clinics during the year numbered 370, and with 232 uninsured women who were unable to attend clinics and were therefore examined by general practitioners, a total of 602 were examined in all. This represents approximately 30 per cent. of the number of births in the County Area during the year.

There has been a steady increase in the total number every year since the clinics were started in 1930, and the General Practitioner Scheme in 1932.

Examinations by a general practitioner are limited usually to two in each case, and therefore they cannot be regarded as a substitute to attendance at the clinics where women can remain under constant supervision during their pregnancies.

The General Practitioner Scheme is, however, proving a very useful supplementary service and numerous recommendations as a result of these examinations receive attention. The scheme works very simply and the clerical work of the doctors is reduced to a minimum. A form of report is signed in the first instance by the midwife and sent direct to the doctor. The latter then carries out the examination at his own convenience and sends the completed report to the Medical Department whence it is returned direct to the midwife. The doctor is automatically credited with his fee without being troubled to send in an account. Should a fee for mileage as a result of a special journey being made be claimed in addition, an account is required.

It is hoped that these measures will ultimately result in a substantial reduction of maternal mortality and certainly during this year the rate of 1.9 in the County Area is very encouraging and reflects great credit on all the midwives on whom most of the responsibility falls in the first instance.

The attendances at Ante-Natal Clinics during the year ended 31st December, 1935, were as follows :—

<i>Name of Clinic.</i> (1)	<i>Total number of attendances during year.</i> (2)	<i>Number of Expectant Mothers who attended.</i> (3)	<i>Number of times Clinic opened.</i> (4)
Beamister ... ..	18	9	11
Blandford ... ..	69	27	12
Bridport ... ..	74	25	23
Dorchester ... ..	268	95	36
Portland (Tophill) ... ..	198	62	23
Shaftesbury ... ..	13	8	3
Swanage ... ..	72	34	24
Sherborne ... ..	61	35	12
Wareham ... ..	89	40	24
Wimborne ... ..	102	35	24
	<u>964</u>	<u>370</u>	<u>192</u>

### Obstetric Consultants.

This service continues to prove useful and 11 applications for the opinion of a consultant were received from doctors during the year, and duly authorised.

### Maternity Beds.

The number of maternity patients admitted to beds in hospital under the County Scheme remains fairly constant at round about the figure of 80. These are only admitted as a result of some special medical reason or as a result of the home conditions being unsuitable for a confinement.

In spite of the present tendency to an increased demand for admission to hospital for the purpose of confinement there has apparently been no tendency to any increase in the number of these special cases.

The number admitted during the year to the various hospitals is shown in the table below :—

<i>Name of Hospital.</i>	<i>No. Admitted.</i>	<i>Average Length of Stay.</i>
Weymouth and District ... ..	12	24.3 days.
Dorset County ... ..	28	25.1 "
Cornelia Hospital, Poole ... ..	24	21.7 "
Salisbury Infirmary ... ..	12	15.5 "
Yeatman Hospital, Sherborne ... ..	6	17.6 "
Royal Victoria Hospital, Bournemouth ... ..	1	14.0 "
Westminster Memorial Hospital, Shaftesbury	2	21.5 "
<b>Totals</b>	<b>85</b>	<b>19.9 "</b>

### Dental Treatment.

Increased use is being made of the dental treatment that is available for expectant mothers and for those nursing mothers who are in attendance at the infant welfare centres. A number of these recommendations have been received from medical practitioners as a result of their ante-natal examinations of expectant mothers and during the year a total of 113 women availed themselves of this service.

### Hospital Treatment—Children under 5.

Twenty-five children under 5 years of age received hospital treatment under the Welfare Scheme during the year. Thirteen of these were admitted for orthopaedic treatment to the Bath and Wessex Hospital or the Children's Hospital at Swanage. Six were delicate children, five of whom were admitted to the Swanage Children's Hospital and one to the Dorset County Hospital, while the remaining six were admitted to other hospitals for minor operations.



### **Maternity and Nursing Homes.**

In the County Area on the 1st April, 1936, there were eight registered Nursing Homes and two registered Maternity Homes. These homes are periodically inspected by the County Medical Staff. Ten Hospitals in the County Area were granted exemption certificates (renewable annually) in accordance with Section 6 of the Act.

### **WATER SUPPLIES.**

Following the Rural Water Supplies Act, 1934, there has been considerable activity in the extension of piped water supplies in many areas of the County and this particularly applies to the three rural districts in the North of the County, namely, Sherborne, Sturminster and Shaftesbury.

Grants have been available from the County Council equivalent in amount to those given by the Ministry of Health and the District Councils concerned.

In response to applications for grants comprehensive surveys of present and proposed supplies have been obtained from both the Dorchester Rural District and the Sherborne Rural District and with the completion of the schemes proposed these two districts should be more or less completely covered. A comprehensive water scheme has recently been completed in the Sturminster Rural District, and there should now be no parish in this district without a piped supply.

In the Shaftesbury Rural District a scheme known as the Boyne Hollow No. 1 has been completed at a total cost of approximately £21,000, and serves a large portion of the district. A scheme known as the Boyne Hollow No. 2 was the subject of a Ministry of Health enquiry in April, 1936, and if this second scheme matures supplies will be available for additional parishes not only in the Shaftesbury District but also in the Blandford Rural District.

The following reports have been received from other County Districts :—

**Blandford Rural District.** “ There was no shortage of water during 1935. The greater part of the district is dependent on wells which tap the supplies contained in the chalk formation and give water of good quality. In a small part of the district, where the subsoil is greensand, wells are not so satisfactory a supply.

“ There are at present five piped water supplies in the district, viz. :—The Blandford Water Company's works and four smaller works supplying Bryanston, Durweston, Hilton, Milton Abbas and Stickland. The Stickland supply has been the subject of complaints and is not entirely satisfactory. The others have given rise to no complaints.”

**Beaminster Rural District.** “ The only Water Supply Undertaking owned by the Council is that which supplies the Town of Beaminster. Supplies to other parts of the District consist of private piped supplies, and wells. No shortage of water was reported in the District during the year. Several samples of water were taken and found to be satisfactory, with the exception of a well intended to supply a farmhouse at Halstock Leigh.”

**Wareham Rural District.** “ The water supply of the area is mainly through non-pipe supplies, that is, by means of public wells, private wells, and rain-water tanks. No illness has been brought to notice which could with certainty be attributed to this primitive method. Yet in the majority of cases no satisfactory precautions against contamination are adopted. There was no shortage of water in our district last year.”

### **DRAINAGE AND SEWERAGE.**

There have been no important extensions of sewerage during the year. The necessity for a Sewerage System in the Wimborne Urban and Rural District has previously been reported upon. The following reports have been received from County Districts :—

**Sturminster Rural District.** “ The general system of drainage in the various parishes is at present undergoing investigation and it is apparent that following the water schemes that are now nearing completion, the question of sewerage in the more thickly populated areas will present a serious problem.”



**Shaftesbury Rural District.** "Some of the sewers at Gillingham discharge into the rivers. This is unsatisfactory, and were it not for the fact that there is always a considerable volume of water in such rivers, serious nuisances would occur. The Gillingham Sanitary Committee are now awaiting the preparation of a plan of all existing sewers in the area, when it is hoped that a comprehensive scheme for dealing with the sewerage of the whole area will be taken into consideration. The cost of carrying out an undertaking of this kind must, however, be considerable, and it is hoped that the Government will at a later date provide financial assistance to Local Authorities to carry out works of this kind.

"The sewage tanks at Ham, Gillingham, were further improved during the year, but difficulties arise due to the flooding of the tanks from the River."

**Wareham Rural District.** "Improvement has been carried out during the year at West Lulworth. There is still need for an up-to-date drainage system at Corfe Castle, Langton Matravers and Bere Regis."

**Beaminster Rural District.** "The sewerage of Beaminster is still unsatisfactory. During the year the Council installed a modern filtration plant to deal with the sewage from 36 houses owned by the Council at Pattle."

### **POLLUTION OF STREAMS.**

Considerable trouble has been caused as a result of the pollution of streams by whey and milk washings from milk factories. At Okeford Fitzpaine a very disgusting state of affairs was found to have been caused by the regular discharge over night on to land of whey from a tank which was allowed to fill up during the day time.

The whey, apart from percolating through the base of hedges and creating a stench in the area that was quite unbearable, ultimately found its way into a stream and thence into the River Stour.

Application was received from the Sturminster Rural District Council for the co-operation of the County Council in any action that might be necessary against the Company. It is understood that it has since been found possible to deal with the matter locally as a nuisance.

Similar trouble occurred with the effluent from a newly erected milk factory at Bourton, though in this case apparently milk washings and not whey were concerned. This was dealt with by the Shaftesbury Rural District Council and the Company erected a filter which, however, has since proved quite inefficient.

Unless or until there are means of dealing with whey so as to render it innocuous before passage into a river the only solution of the problem is that factories should not be permitted to create more whey than they are able to dispose of by the feeding of pigs or in other ways.

There are doubtless other factories in the County that create a nuisance by the discharge of whey or milk washings that as yet have not been brought to notice. It will be recollected that in 1934 gross destruction of fish in the River Stour occurred at Sturminster Newton as a result of discharge of whey into the river there. The question whether legal proceedings should not at once be initiated by the County Council in any such future cases should be considered.

**Goathill.** A recurrence of the pollution of this stream by the effluent from the glove factories at Milborne Port was reported in June. Since that date new sewage disposal works which were then in course of construction have been completed and the Medical Officer of Health for the Sherborne Rural District now reports that the measures taken have proved satisfactory and that there is no further cause for complaint.

**Stream at Iwerne Courtney.** Reference was made in my last report to the gross pollution of this stream by sewage from approximately 50% of the houses in Iwerne Minster in the Shaftesbury Rural District. The subsequent proposal to sewer the village was the subject of a Ministry of Health enquiry in April, 1936, the result of which is as yet unknown.

**Rivers Allen and Stour.** The pollution of these rivers by sewage from the Wimborne Urban District has been previously reported upon and the solution of this problem is now considered to be a joint sewerage scheme for both the Wimborne Urban and the Wimborne and Cranborne Rural District. To this proposal a substantial contribution towards the cost has been offered by the County Council.

**Leigh Pond—Wimborne Rural District.** In May, 1935, complaints were received both from residents in this district and from the Rural District Council of the smell arising from this pond, which was stated to be polluted with sewage from the Wimborne Urban District.

In company with the District Medical Officer of Health I took samples from the pond at the entrance of drains from the urban district. The County Analyst reported that these samples were of the nature of a crude sewage.

The evidence appears clear that crude sewage is being discharged into the pond from the Wimborne Urban District. Apart from any temporary measures that might be taken the solution of the problem probably lies in the joint sewerage scheme mentioned previously.

### HOUSING.

Under Part 4 of the Housing Act, 1930, it is the duty of the County Council to have constant regard to the housing conditions of persons of the working class as regards each rural district within the County and the Rural District Councils are under an obligation to furnish to the County Council such information to this effect as may be reasonably required. Grants are also available to the District Councils for the purpose of providing houses for the accommodation of the agricultural population.

Information obtained from the District Medical Officers of Health has been tabulated in my Annual Reports of recent years, but it has not provided much basis for accurately ascertaining the housing conditions in the rural districts.

Information obtained from time to time in individual cases disclosed poor conditions and these were referred to the respective districts for attention and report as to the action taken.

The Wareham Rural District has apparently for the past five years rendered a *nil* return as to the number of houses found to be unfit.

The following grants have been provisionally approved for payment in accordance with the provisions of Section 34 (2) of the 1930 Act and Housing (Rural Authorities) Act, 1931 :—

<i>Act.</i>	<i>Authority.</i>	<i>No. of Houses.</i>	<i>Contribution.</i>
1930	Dorchester Rural	... 40	£1 per house per annum for 40 years.
	Beaminster Rural	... 20	
	Shaftesbury Rural	... 6	
	Blandford Rural	... 20	
	Sturminster Rural	... 22	
1931	Beaminster Rural	... 20	£1 per house per annum for 40 years being an <i>additional</i> contribution of £1 per house to that above-mentioned.
	Shaftesbury Rural	... 6	

### Housing (Rural Workers) Acts, 1926-31.

The provisions of these Acts have been advertised from time to time by posters throughout the County, and explanatory leaflets circulated to the Rural District Councils for the use of Sanitary Inspectors in order that these may be brought to the notice of owners of properties in suitable cases.

The following is a summary of the applications dealt with to date :—

<i>Cases considered.</i>	<i>Approved.</i>	<i>Total Grants authorised.</i>	<i>Disapproved.</i>	<i>Deferred.</i>	<i>Withdrawn.</i>
141	112	£ 15406 6 8	20	1	8
Not proceeded with by applicants after approval	8	770			
Subsequently disapproved by Council	1	100			
	9	870 0 0			
	103	£14536 6 8			

## COWSHEDS AND DAIRIES.

**Milk (Special Designations) Order, 1923.** The following are the numbers of licences in force in the County on the 20th April, 1936 :—

	<i>No. of Licences.</i>
Certified Milk ... ..	3
Grade " A " Tuberculin Tested Milk ...	6
Grade " A " Milk ... ..	190

The decision has now been arrived at in the current year 1936 to appoint a special joint committee to be called the Milk and Dairies Acts Committee, consisting of four members of the County Agricultural Committee and four members of the Public Health and Housing Committee, under an independent Chairman, to deal with all matters and duties of the County Council in connection with the various Milk and Dairies Acts and Orders, and in addition to appoint a Chief Veterinary Officer with assistants.

The action of the Milk Marketing Board in imposing on the County Council in the Spring of 1935 with very little notice the duty of examining a greatly increased number of applications for Grade " A " licences as a result of the penny a gallon extra offered by the Board for so-called " accredited " milk, created a position of considerable difficulty.

The appointment of two junior whole-time Veterinary Officers for the purpose of starting the routine inspection of all herds in the County had previously been decided upon. Their appointment coincided with the action of the Milk Marketing Board, and in consequence they were at once diverted to the work of investigating these applications for Grade " A " licences by inspecting premises, taking samples and making a clinical examination of the herds.

Being appointed by the Agricultural Committee, serving under the Director of Agriculture, and being allowed no direct communication with me, the position was obviously impossible if I was to continue being responsible as in the past for recommending or otherwise the issue of these licences to the Public Health and Housing Committee.

The matter was at once reported upon to the latter Committee, but owing to the fact that at the time the post of Clerk of the County Council was vacant and in view of the conflicting interests involved, no further action was taken until the Spring of the present year when, as mentioned above, a joint Committee and the appointment of a Chief Veterinary Officer were decided upon.

In spite of these conditions, the issue of licences during the year is believed to have been carried out with a moderate degree of efficiency and there is no doubt that minor defects that have been quite obvious will now be remedied in due course.

The necessity to comply with the Milk and Dairies Order, 1926, as an essential condition prior to the issue of a Grade " A " licence has been questioned and in addition sterilizers have not been insisted upon.

In this connection, therefore, the following extract from Circular No. 1533, recently issued by the Ministry of Health may be quoted :—

" It appears to the Minister that in considering whether the general conditions laid down in the Second Schedule to the new Order will be satisfied, a licensing authority may properly take the requirements of the Order of 1926 as a minimum, and it is for them to exercise their discretion in deciding whether further requirements may be necessary in order reasonably to ensure that the conditions of the licence will be regularly complied with. The Minister is advised that it is necessary for this purpose that there should be steam sterilisation of utensils and containers."

A perusal of the files of the licences issued last year show in many instances an apparent concentration on buildings to the exclusion of clean methods and in a number of the reports of the Veterinary Officers prior to recommending the issue of a licence, the methods of milking are reported upon as having been " not seen."

Following the issue of a licence a sample taken at a subsequent quarterly inspection has in too many cases been found to be not up to standard and following a visit from the Dairy Instructress elementary instruction on methods of clean milk production has been necessary.



The routine taking of samples on the farms by the Veterinary Officers, and the large number of special visits to farms that have been made by the Veterinary Officers solely for the purpose of taking samples is not only a waste of the officers' time but a procedure which is best described in the words of the County Councils' Association in its memorandum on Clean Milk Production :—

“ Where milk is taken on the farm and placed immediately on ice the bacterial growth is stopped. This method may enable the farmers to receive the extra penny per gallon by getting their names on the Roll of Accredited Producers but it defeats the main object which is to clean up the milk supply, create confidence in the consuming public, and sell more milk.”

A further matter that requires consideration is the checking of the removal from the herd of animals found diseased at the clinical examination so that their milk shall not be mixed with that from others in the herd. It seems insufficient to merely inform the farmer accordingly as is being done at present.

It is sometimes overlooked that the main object of the Veterinary Service is to attack the problem of tuberculosis in cattle and to reduce the amount of infection of the milk supply from this condition. Concentration on the accredited milk producers in their present numbers does not produce this result. The activities of the Veterinary Officers should be extended to the clinical condition of all herds in the County and not confined to a very small section of these herds. If this is to be done without unduly increasing the number of Veterinary Officers, and other new duties of the County Council in connection with the issue of Tuberculin Tested Milk licences are to be undertaken, consideration will have to be given as to whether or not any use could be made of the Veterinary Practitioners in the County. Under a Chief Veterinary Officer responsible for their general supervision there would appear to be no reason why they should not be economically employed to some extent.

It is probably not generally known that even pulmonary tuberculosis in human beings may result from infection of the milk supply and it is interesting to learn that recent research has shown 15% of a series of cases of pulmonary tuberculosis in the county area of Aberdenshire to be due to bovine infection, as well as 36% of cases of meningeal tuberculosis studied in Fifeshire.

In attacking this problem co-operation between the Veterinary Service and the Medical Department is an urgent necessity.

**Milk and Dairies Order, 1926.** Following upon my report last year slightly more activity has been shown in some districts in connection with this Order than heretofore. It should be realised that this Order does not merely apply to buildings but equally applies to clean methods of milk production and where this Order is complied with and shown to be complied with by results there is nothing to prevent the farmer applying for the quarterly inspection of his herd and the issue of an accredited licence. In many cases, however, the cowsheds are really too defective to permit of clean milk production therein, and it is really impossible to dissociate the two requirements.

**Milk and Dairies Consolidation Act, 1915.** Milk samples are taken under this Act by the Assistant County Medical Officers when convenient in the course of their duties for the purpose of examination for the presence of tubercle bacilli. The following are the number of samples taken during the year, with results :—

No. of local samples taken	...	...	...	...	131
No. of local samples found to be tuberculous	...	...	...	...	9
No. of tuberculous samples reported from London	...	...	...	...	2
No. of cases in which the infection was traced	...	...	...	...	10
No. of cases in which the infection was not traced	...	...	...	...	1

#### **ADMINISTRATION OF THE SALE OF FOOD AND DRUGS (ADULTERATION) ACT, 1928.**

The duties of taking samples under this Act have always in the past been undertaken by the Police, the Chief Constable being the Chief Sampling Officer. Representations were made during the year that police work proper to a certain extent suffered as a result and a recommendation was therefore adopted by the County Council that fresh arrangements should be made with regard to the appointment of Sampling Officers. The Police are continuing these duties for the time being, but it is understood that new arrangements will be made during the coming year.



## Annual Report of County Analyst.

I beg to submit a Report on my work as County Analyst for the year ended 31st December, 1935.

During this period 526 samples were submitted under the Sale of Food and Drugs (Adulteration) Act, 1928. The details of these samples are as follows :—

			<i>Foods.</i>					
Milk ...	...	136	Custard Powder ...	6		Pearl Barley ...	5	
Meats, cooked ...	...	23	Blancmange Powder ...	5		Tapioca ...	5	
Condensed Milk ...	...	16	Cocoa ...	5		Coffee and Chicory		
Dried Milk ...	...	10	Flour, self-raising ...	5		Extract ...	4	
Brandy ...	...	8	Sugar, white ...	5		Fish, potted ...	4	
Rum ...	...	8	Cream Cakes ...	4		Fruit, tinned ...	4	
Whisky ...	...	7	Curry Powder ...	4		Piccalilli ...	4	
Bread ...	...	7	Flour, plain ...	4		Sponge Cake ...	4	
Cornflour ...	...	7	Ice Cream ...	4		Vinegar ...	4	
Fish, tinned ...	...	7	Sago ...	4		Coffee and Chicory	3	
Margarine ...	...	6	Sponge Mixture ...	4		Ground Ginger ...	3	
Baking Powder ...	...	5	Arrowroot ...	3		Jam ...	3	
Cheese ...	...	5	Dripping ...	3		Marmalade ...	3	
Butter ...	...	23	Jelly ...	3		Mincemeat ...	3	
Cream ...	...	22	Lemon Curd ...	3		Oatmeal ...	3	
Stout ...	...	12	Meat, Potted ...	3		Sausages ...	3	
Beer ...	...	9	Mustard ...	3		Coffee ...	2	
Gin ...	...	8	Pickles ...	3		Peas, tinned ...	2	
Lard ...	...	8	Shredded Suet ...	3		Sugar, Demerara ...	2	
Spice ...	...	7	Milk Foods ...	2		Dessert Prunes ...	1	
Cake ...	...	7	Rice ...	2		Treacle ...	1	
Egg Powder ...	...	7	Chocolates ...	1				
Tea ...	...	6	Malted Milk ...	1				
			<i>Total ...</i>	<i>497</i>				
			<i>Drugs.</i>					
Camphorated Oil ...	...	2	Sal Volatile ...	2		Boric Acid Powder	1	
Cream of Tartar ...	...	2	Castor Oil ...	1		Friar's Balsam ...	1	
Eucalyptus Oil ...	...	2	Glycerine ...	1		Health Salts ...	1	
Cod Liver Oil ...	...	2	Paraffin, liquid ...	1		Olive Oil ...	1	
Epsom Salts ...	...	2	Pills ...	1		Seidlitz Powder ...	1	
Glaubers Salts ...	...	2	Sulphur Tablets ...	1		Medicated Wine ...	1	
Liquorice Powder ...	...	2	Magnesia ...	2				
			<i>Total ...</i>	<i>29</i>				
			<i>Total of all samples ...</i>	<i>...</i>	<i>526</i>			

Forty-one of the samples were adulterated, showing a percentage of 7.7, which is not only very much higher than last year, but also in excess of the average percentage adulteration of samples taken annually in the whole of the country.

Of the 136 milks examined, 101 were genuine and of good quality, and 35 adulterated. One of the genuine samples was submitted for suspected added colouring matter which was found to be absent.

The average composition of the genuine samples of milk was 3.68 per cent. of fat and 9.03 per cent. of solids-not-fat, which is very satisfactory.

Sixteen of the adulterated samples of milk were deficient in fat to the extent of 30, 30, 22, 20, 18, 10, 10, 7, 4, 4, 3, 3, 2, 2, and 1.6 per cent. respectively, and nineteen contained added water to the extent of 10, 10, 3, 3, 3, 2, 5, 2, 2, 2, 2, 2, 2, 1, 5, 1, 2, 1, 1, and 1 per cent. respectively.

The average adulteration of the milk samples during the year was 25.7 per cent., which is very much higher than last year.

The 23 samples of butter were all genuine and of good quality. The average moisture content of the samples was well below the legal limit, and they were all free from preservatives.

Of the samples of cooked meat, 22 were genuine and one was adulterated. The adulterated sample was cooked ham and contained a small quantity of preservative. Four samples of potted fish and 3 of potted meat were also examined and found to be genuine and of good quality.

Twenty-two samples of cream were examined and found to be genuine. Of the samples submitted 20 were raw cream, and two were tinned; they all contained a good percentage of fat and were free from preservatives or thickening agents.

Sixteen samples of condensed milk were examined and found to be genuine and of good quality. Eight were submitted as full cream sweetened and eight as full cream unsweetened; all complied with the requirements of the regulations.

All the twelve samples of stout and the nine samples of beer were genuine and of good quality, and were free from contamination with arsenic.

Ten samples of dried milk were examined, 9 were genuine and one was adulterated. It was not dried milk but consisted chiefly of starch.

Thirty-one samples of spirits were examined during the year. These consisted of 8 samples of brandy, 8 of gin, 8 of rum, and 7 of whisky. All of these samples were genuine except one sample of brandy which was adulterated with 4.6 per cent. of added water.

The 8 samples of lard, 3 of dripping and 3 of shredded suet, were genuine and of good quality, being free from water and foreign fats. The samples of shredded suet contained less than the usual amount of rice and maize starch as facing.

Seven samples of spice, 4 of curry powder, and 3 of ground ginger, were genuine and of good quality.

Seven samples of bread were submitted and found to be free from foreign starch or improvers; they were all genuine and of good quality.

Seven samples of cake, 4 of sponge cake and 4 of cream cake, were all genuine and free from preservatives. The cream cakes all contained cream filling with the full content of fat.

Nineteen samples of cereals examined were found to be genuine; these consisted of 5 samples of pearl barley, 5 of tapioca, 4 of sago, 3 of oatmeal and 2 of rice. No foreign starch was present and the samples of pearl barley, sago and rice were free from facing.

Ten samples of prepared starch, consisting of 7 samples of cornflour and 3 of arrowroot, were genuine; and free from foreign matter.

Six samples of custard powder, 5 of blancmange powder and 4 of sponge mixture were found to be genuine; they were all free from harmful colouring matter or deleterious ingredients.

Nine samples of flour, consisting of 5 of self-raising flour and 4 of plain flour, were genuine and free from foreign starches. In all the samples of self-raising flour there was sufficient self-raising ingredients.

The two samples of coffee, 3 of coffee and chicory, and 4 of coffee and chicory extract were all found to be genuine. The microscopical examination in the case of the samples of coffee shewed that they were quite free from chicory.

All the 6 samples of tea were genuine and contained no exhausted or foreign leaves.

Five samples of cocoa were genuine; they did not contain added shell or an excess of added alkali.

Three samples of jam, 3 of table jelly, 3 of lemon curd, and 3 of marmalade, were found to be genuine. They did not contain any excess of preservative and were free from the addition of harmful colouring matter or deleterious matter.

All the 4 samples of vinegar were genuine; they were free from preservatives and contained more than the allowed amount of acetic acid.

The 6 samples of sugar were all genuine. The two samples of demerara sugar examined did not contain any artificial colouring matter.

The 5 samples of cheese were genuine and contained the full proportion of fat.

Seven samples of tinned fish, 4 of tinned fruit and 2 of tinned peas were examined and found to be genuine. They did not contain any tin or lead, and copper was absent in the samples of peas.

Seven samples of egg powder and 5 of baking powder were genuine; they all contained adequate amounts of self-raising ingredients and were free from impurities.

All the 6 samples of margarine were genuine. The average moisture content was well below the legal limit and they were all free from preservatives.

Four samples of ice cream were examined, 3 were genuine and of good quality and one was adulterated. The adulteration consisted in the ice cream containing no cream, being made from water and some flavouring matter.

Of the 29 samples of drugs submitted for examination, 27 were genuine and of good quality and 2 were adulterated. Of the genuine samples, 23 were drugs which are included in the British Pharmacopoeia and they all complied with the standards laid down. The remaining 4 consisted of health salts, seidlitz powder, pills and medicated wine, for which there are no standards, but these were found genuine and free from any deleterious materials. The adulterated samples were magnesia and glycerine; the sample submitted as magnesia was not magnesia, but consisted of magnesia carbonate. The adulterated sample of glycerine contained 2 per cent. of added water.

All the other samples examined during the year were genuine and of good quality.

(Signed) R. PENDRILL CHARLES, M.D., F.I.C.,  
*Public Analyst.*

## SAMPLES TAKEN IN SEPARATE DISTRICTS, AND RESULTS :—

### Boroughs.

BLANDFORD.	Arrowroot (2), Brawn, Bread, Butter, Condensed Milk, Cream, Cream of Tartar, Dried Milk, Dripping, Ham, Jelly, Liquid Paraffin, Margarine, Milk (2), Mixed Spice, Sago, Stout, Whisky.
BRIDPORT.	Baking Powder, Beer, Brawn, Coffee, Coffee and Chicory, Cocoa, Cream (3), Dried Milk, Eucalyptus Oil, Gin, Ice Cream, Lemon Cheese, Milk (5), Mustard, Oatmeal, Sponge Mixture (2), Sponge Fingers, Tapioca. <i>Adulterated Sample</i> :—Ice Cream ; Vendor received a caution.
DORCHESTER.	Baking Powder, Beer, Bread, Cake, Coffee and Chicory, Condensed Milk, Cream (3), Corned Beef, Egg Powder, Flour (Plain), Flour (S.R.), Gin (2), Glauber Salts, Ice Cream, Lard, Lemon Cheese, Magnesia, Margarine, Medicated Wine, Milk Food, Milk (8), Mincemeat, Mustard, Rum, Sponge Cake, Sugar, Stout, Tinned Fruit, Whisky. <i>Adulterated Sample</i> :—Magnesia ; Vendor received a caution.
LYME REGIS.	Brandy, Cheap Cake, Egg Powder, Meat Pies, Milk, Pearl Barley, Sausages, Whisky.
SHAFTESBURY.	Brandy, Bread, Cream, Liquorice Powder, Milk (4), Pickles, Potted Meat, Sponge Cake. <i>Adulterated Samples</i> :—Two Milk ; in both cases Vendors received cautions.
WAREHAM.	Baking Powder, Camphorated Oil, Cream Cakes (2), Dripping, Dried Milk, Gin, Ice Cream, Lard, Milk (5), Pork Pies, Potted Fish, Tinned Peas. <i>Adulterated Sample</i> :—Milk ; Prosecution commenced, but withdrawn.

### Urban Districts.

PORTLAND.	Beer, Butter, Cocoa, Coffee (Bottled), Coffee and Chicory, Cod Liver Oil, Cheap Cake, Custard Powder, Curry Powder, Egg Powder, Ham, Health Salts, Jelly, Milk (6), Pork Pies, Rice, Shredded Suet (2), Sponge Mixture, Stout (2), Sausages, Sal Volatile, Tinned Peas, Tinned Fruit, Tinned Crab, Treacle. <i>Adulterated Samples</i> :—Two Milk ; in both cases Vendors received cautions.
SHERBORNE.	Brandy, Boric Acid, Cake, Cream, Cream Cakes, Corned Beef, Dried Milk, Dripping, Lard, Lemon Curd, Milk (6), Mincemeat, Oatmeal, Piccalilli, Rum (2), Sago, Sausages, Seidlitz Powder. <i>Adulterated Sample</i> :—Milk ; Vendor received a caution.
SWANAGE.	Brawn, Butter (2), Cake, Cheese, Cream Cakes, Cooked Meat, Cornflour, Cream (2), Dried Milk, Ice Cream, Jam, Milk (8), Rice, Rum, Stout (2), Sponge Cakes, Sugar. <i>Adulterated Samples</i> :—Four Milk ; in one case Vendor received a caution ; in one case prosecution commenced, but withdrawn ; in two other cases Vendor prosecuted, fined £2 and costs £4 18s. 6d.
WIMBORNE.	Brawn, Bread, Breakfast Sausage, Chocolate, Clotted Cream, Cheese (Gorgonzola), Cream, Jelly, Milk (5), Milk Food, Sal Volatile, Sponge Mixture, Sulphur Tablets. <i>Adulterated Sample</i> :—Milk ; Vendor prosecuted, case dismissed.

### Rural Districts.

BEAMINSTER.	Beer, Condensed Milk (3), Cream, Cornflour, Coffee and Chicory, Cooked Ham, Custard Powder, Egg Powder (2), Epsom Salts, Flour (S.R.), Gin (3), Ground Ginger (2), Glycerine, Lard, Margarine, Milk (6), Mincemeat, Oatmeal, Shredded Suet, Spice, Vinegar (2), Whisky. <i>Adulterated Samples</i> :—One Milk, one Cooked Ham, one Glycerine ; Vendors received cautions.
BLANDFORD.	Bread, Butter, Coffee (Bottled), Cornflour, Condensed Milk, Flour (S.R.), Milk (6), Potted Fish, Tapioca, Tea, Whisky. <i>Adulterated Samples</i> :—Two Milk ; in one case Vendor prosecuted. Case dismissed on payment of Analyst's Fee. In the other case Vendor received a caution.
BRIDPORT.	Cornflour, Cooked Meat, Condensed Milk (2), Cocoa, Custard Powder, Epsom Salts, Flour (Plain), Gin, Magnesia, Milk (6), Pickles, Sago, Spice, Tinned Salmon, Whisky. <i>Adulterated Sample</i> :—Milk ; Vendor received a caution.
DORCHESTER.	Arrowroot, Beer, Brandy, Bread, Camphorated Oil, Cornflour, Cocoa, Cooked Meat, Demerara Sugar, Eucalyptus Oil, Glauber Salts, Jam, Loaf Sugar, Lard, Marmalade, Milk (13), Meat Roll (2), Potted Meat (2), Pearl Barley, Piccalilli, Rum (2), Stout (2), Spice (2), Tinned Fruit, Tinned Salmon (2), Tinned Prunes, Tea (2), Tapioca (2). <i>Adulterated Sample</i> :—Milk ; Vendor prosecuted, case dismissed.



SHAFTESBURY.	Baking Powder, Brandy (2), Castor Oil, Cornflour, Custard Powder, Cream, Dried Milk, Flour (Plain), Friars Balsam, Lard, Marmalade, Milk (6), Pearl Barley (2), Stout, Whisky. <i>Adulterated Sample</i> :—Milk ; Vendor prosecuted, case dismissed.
SHERBORNE.	Dried Milk, Egg Powder, Ground Ginger, Margarine, Marmalade, Milk, Mustard.
STURMINSTER NEWTON.	Baking Powder, Blancmange Powder (2), Brawn (2), Butter, Cheese (2), Condensed Milk, Cream, Cod Liver Oil, Curry Powder, Dried Milk, Jam, Lard, Liquorice Powder, Milk (5), Pork Pies, Rum, Tea. <i>Adulterated Samples</i> :—Two Milk ; Vendors received caution .
WAREHAM.	Blancmange Powder (2), Brandy (2), Beer (2), Coffee, Condensed Milk (2), Custard Powder, Cream of Tartar, Curry Powder, Cocoa, Flour (S.R.), Fish Paste, Gorgonzola Cheese, Margarine, Milk (16), Olive Oil, Piccalilli, Rum, Sugar, Stout, Demerara Sugar, Spice, Tinned Cream, Tinned Fruit, Tapioca, Vinegar (2). <i>Adulterated Samples</i> :—Eleven Milk ; in eight cases Vendors received cautions, and in three cases Vendors prosecuted and fined £2 and costs £4 18s. 6d. One Brandy ; Vendor received a caution.
WIMBORNE.	Beer (2), Butter (2), Beechams Pills, Bread, Blancmange Powder, Cheap Cake, Custard Powder, Condensed Milk, Curry Powder, Cooked Meat, Cornflour, Egg Powder, Flour (S.R.), Flour (Plain), Fruit Cake, Lard, Margarine, Milk (13), Piccalilli, Pearl Barley, Potted Fish Paste, Pickles, Potted Meat, Stout (2), Spice, Sugar, Sago, Tinned Salmon (2), Tinned Fish, Tea (2). <i>Adulterated Samples</i> :—Five Milk ; in four cases Vendors received cautions ; in one case Vendor prosecuted and fined £1.

### INFECTIOUS DISEASES.

**Isolation Hospital Accommodation.** The following is understood to be the position in the County at the end of the year in connection with the scheme adopted by the County Council in 1933 under Section 63 of the Local Government Act, 1929 :—

#### General Isolation Hospital Accommodation.

##### Area No. 1.

Bridport and Lyme  
Regis Boroughs,  
Beaminster and  
Bridport Rural  
Districts.

A Joint Hospital Board has been formed but the order confirming it has not yet been made.

##### Area No. 2.

Sherborne Urban and  
Rural Districts.

No new beds have been provided and apparently there is no intention of providing them. It is considered by the Sherborne Urban District Council that other matters are of more importance, as for example an administrative block and that new beds are not essential. The condition of the hospital is not very satisfactory, but it is doubtful whether the area is of sufficient size and population to provide a reasonably efficient hospital.

##### Area No. 3.

Blandford and  
Shaftesbury  
Boroughs, Blandford  
Shaftesbury and  
Sturminster Rural  
Districts.

No new beds have been provided and although conferences have been held by representatives of the various districts no unanimous agreement has yet been attained as to whether a Joint Hospital Board should be formed or not. The accommodation of the hospital is recognised as being very poor and the County Council has been asked and acceded to the request that the County Architect should prepare a specification and an estimate for works required to be carried out at the hospital.

##### Area No. 4.

Poole Borough,  
Wimborne Urban  
and Rural Districts,  
Wareham Borough  
and Eastern half of  
Wareham Rural  
District, Swanage  
Urban District.

No new beds have yet been provided, negotiations with the other local authorities as to terms of contract not yet having been completed.



*Area No. 5.*

Dorchester Borough  
and Rural District,  
and Western half of  
Wareham Rural  
District.

No new beds have yet been provided, negotiations with the other local authorities as to terms of contract not yet having been completed.

*Area No. 6.*

Weymouth Borough,  
Portland Urban  
District.

Joint Hospital Board formed.

*Small-pox Hospital Accommodation.*

*Area No. 1.*

Districts comprised  
in No. 1 Area.

Agreement on the formation of a Joint Hospital Board has been arrived at but the actual order of confirmation has not yet been made. No beds for small-pox are known to have been provided.

*Area No. 2.*

Districts comprised  
in Nos. 2 and 3 Areas.

No new beds provided and no settlement yet arrived at as to mode of provision.

*Area No. 3.*

Districts comprised  
in No. 4 Area, except  
Wareham Borough  
and Rural District.

Beds provided.

*Area No. 4.*

Districts comprised  
in No. 5 and No. 6  
Areas and Wareham  
Borough and Rural  
District.

Contracts completed by the other local authorities with the Wareham Rural District Council. Provision of six new beds has been deferred until they are required, it being considered that an extension of the hospital with the additional new beds could be provided at short notice.

A possible defect in the scheme is the provision of two general isolation hospitals at Sherborne and Blandford. It would be little further for patients in or near Shaftesbury to go to Sherborne rather than to Blandford, and if Area No. 2 was increased in size it might be possible to maintain a more efficient hospital at Sherborne.

The Blandford Districts might contract with Poole Borough for the admission of patients to a large hospital provided by the latter authority. The Blandford Isolation Hospital might then be retained for small-pox purposes instead of the Foyle Hill Hospital at Shaftesbury, which is really quite unsuitable for the purpose.

The adoption of any such suggestions would involve an amendment of the scheme and this is not suggested unless and until the present scheme proves impracticable. In the meantime the Councils of the County Districts in the County are required to comply with the terms of the Scheme originally approved by the Minister of Health on the 3rd October, 1933.

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**Infectious Disease.** The incidence of infectious disease throughout the County during the year is set out in Table 2, and again the Borough of Lyme Regis has been exceptionally free.

Although the total number of notified cases in the rural districts has remained practically constant at a little over 300 during each of the past three years, there has been a very great increase in the number of cases admitted to hospital, the figures being 51, 145 and 185 respectively. This is a move in the right direction as it is generally desirable that most of these cases should be admitted to hospital for treatment.

Of the non-notifiable infectious diseases epidemics of mumps occurred in both Lyme Regis and Swanage, and measles, chickenpox and influenza have all been somewhat prevalent amongst school children.

**Scarlet Fever.** 428 cases were notified and of this number 330 were admitted to hospital. All districts in the County, with the exception of Lyme Regis and the Sherborne Rural District seem to have been affected. The disease generally appears to have been of a mild type though responsible for six deaths.

A constant danger exists, however, of the passing of this infection to parturient women, and there were two deaths in the County during the year following this occurrence in hospital.

**Diphtheria.** Diphtheria was somewhat prevalent throughout the County with 128 cases, of whom 116 were admitted to hospital, and 12 died.

During the months of November and December, there was an epidemic of sore throats at Bradford Abbas. A case was found to be due to Vincents Angina allied with other organisms. In all about 15 cases are known to have occurred of which three were fatal. Suspicion rested on the school as a result of defective drains and the school was in consequence closed and not re-opened until the drains had been repaired.

The measures taken in connection with immunisation have been dealt with in my Annual Report as School Medical Officer.

**Enteric and Para-Typhoid.** 15 cases occurred of whom 13 were admitted to hospital, and there were 3 deaths. 4 of the cases occurred at the County Mental Hospital, where they were isolated and treated.

#### VENEREAL DISEASES.

No change in the number of treatment centres available for Dorset patients has been made during the year. These centres are as follows :—

<b>Dorchester</b> (County Hospital)	<b>Days—Every Wednesday and Saturday.</b> <b>Hours—</b> Women 3.30 p.m. Men 4 p.m.
<b>Bournemouth</b> (Boscombe Hospital)	<b>Days—Every Wednesday and Saturday.</b> <b>Hours—</b> Women 2.30 p.m. to 3.30 p.m. Men 4 p.m. to 5 p.m.
<b>Yeovil</b> (Yeovil Hospital)	<b>Days—Every Monday and Friday.</b> <b>Hours—</b> Women 3 p.m. on Mondays. Men 3 p.m. on Fridays and 6 p.m. to 7 p.m. on Mondays.
<b>Salisbury</b> (Salisbury Infirmary)	<b>Men—Tuesdays 11.30 a.m. and Fridays 6 p.m.</b> <b>Women—Wednesday 6 p.m. and Saturday 11.30 a.m.</b>

The arrangements are not adequate for the County as a whole and the establishment of clinics at Poole and Weymouth have been approved in principle. In the present state of public opinion it is desirable that these clinics should be established at general hospitals if possible in order that patients suffering from these diseases should not be exposed to undue attention. General Hospitals are apparently, however, not particularly interested in the question and regard it as a responsibility of the County Council.

In the case of Poole there is no suitable accommodation whatever in the local general hospital, but it is understood that plans for the provision of suitable accommodation are at present being drawn up on behalf of the Committee of Management and at the cost of the County Council. Should suitable accommodation become available here there is no reason to expect difficulty in the selection of a suitable officer qualified in accordance with requirements.

At Weymouth former opposition on the part of the Committee of Management of the local general hospital has now been replaced on a true realisation of the facts by a desire to co-operate with the County Council on terms that may be mutually agreeable. At the Weymouth and District Hospital suitable accommodation exists in the new Out-Patient Department with very slight alteration, but considerable delay has occurred in the establishment of a centre at this hospital owing to difficulty apparently on the part of the Hospital Committee in selecting a suitable Medical Officer with the requisite experience.

Two clinics a week have been continued during the year at the Dorset County Hospital, but if and when a clinic is established in Weymouth it would not be necessary to have more than one Clinic weekly in Dorchester. The main defect in this centre is the absence of any arrangement for the daily attendance of patients for the purpose of self-irrigation. A further defect in the systems of treatment both in Dorchester and Bournemouth is the absence of any follow-up system by which patients who cease attendance for one reason or another can be induced to continue attendance until certified as cured.

Beds for the treatment of those cases requiring admission to hospital are available at the Hospitals at which there are Centres, and beds for women and infants are also available at St. Mary's Home, Exeter, where three cases have been sent during the year.

In the new clinic building to be erected in Dorchester it is hoped to make some provision for the treatment of ante-natal women and children suffering from venereal disease in connection with the Maternity and Child Welfare Clinic. Many of these women refuse to attend or to take their children to an ordinary Venereal Disease Clinic and any such treatment would be provided apart altogether from that at the hospital clinics.

The number of new cases treated during the past year shows a decrease on those of last year, but it would be too optimistic to state that this probably represents any diminution in the incidence of the disease. It is noteworthy that the number of attendances at all the clinics shows a considerable increase in spite of the diminished number of actual patients.

**Table of Numbers Treated and Attendances at Treatment Centres during 1935.**

TREATMENT CENTRE.	Dorchester (Civil Cases)	Bournemouth.	Yeovil.	Salisbury.	Dorchester (Port Cases).	TOTAL.
Number of persons dealt with during the year at or in connection with the <i>Out-patient Clinic for the first time</i> and found to be suffering from :—						
Syphilis ... ..	19	18	1	—	—	38
Soft Chancre ... ..	13	52	4	1	—	70
Gonorrhoea ... ..	18	31	3	1	—	53
Conditions other than Venereal ... ..						
TOTAL ...	50	101	8	2	—	161
Total number of <i>attendances</i> at the <i>Out-patient Clinic</i> of all patients residing in the County ...	1174	*4154	220	81	—	5629
Aggregate number of "In-patients days" of all patients residing in the County ... ..	246	266	—	—	—	512
Number of doses of Arsenobenzene compounds given in the Out-patient Clinic and In-patient Department to patients residing in the County	552	544	26	21	—	1143

\*Includes attendances at Irrigation Clinic.

Table showing number of persons dealt with for the first time during the past 10 years :—

Year.	New Cases.	Year.	New Cases.
1926 ...	185	1931 ...	181
1927 ...	186	1932 ...	220
1928 ...	186	1933 ...	180
1929 ...	165	1934 ...	244
1930 ...	177	1935 ...	161

**Ophthalmia Neonatorum, Year 1935.**

Cases.			Results.			
Notified	Treated.		Vision unimpaired	Vision impaired	Total Blindness	Deaths.
	At Home	In Hospital				
2	1	1	2	—	—	—



## BLIND PERSONS ACT, 1920.

A revised scheme amending the original scheme made by the County Council on the 16th November, 1921, to meet points arising since the passing of the Local Government Act, 1929, was adopted during the year and subsequently received the approval of the Minister of Health, and came into operation on the 1st April, 1935.

Under the new scheme prior to registration certificates of blindness must in the first instance be submitted to me for approval. It would be difficult and probably unduly wasteful to insist on certificates from Ophthalmic Surgeons in all cases under the prevailing conditions in the County. Most cases are referred in the first instance for examination by one of the Assistant County Medical Officers with some knowledge of ophthalmology. Doubtful and difficult cases are referred to Ophthalmic Surgeons for whom a fee of one guinea is provided for examination and report. The transport of these cases to the Ophthalmic Surgeons is provided by the Voluntary Association. The scheme appears to work satisfactorily.

The blind persons resident in Dorset at the 16th March, 1936, and registered as such under the Act numbered 498. The question of the adoption of regulations for the domiciliary assistance to unemployable and other necessitous blind persons in the model form issued by the Advisory Committee on the Welfare of the Blind has received consideration during the year. The adoption of regulations has been deferred pending consideration of details of difference in the scale of financial assistance embodied in the proposed regulations, and that at present adopted by the Public Assistance Committee.

**Prevention of Blindness.** To those interested in this subject a report has recently been issued by The Standing Committee on the Prevention of Blindness of the Union of Counties Associations for the Blind that is worthy of perusal.

The measures adopted in the County are rather more general than specific. In adult life and later the problem is mainly one of early attention to any defects and subsequent efficient treatment by Ophthalmic Surgeons.

At school age myopia is an important condition and receives the attention that is due to it under the School Medical Service.

Squint in infancy is more difficult to deal with, but cases are seen and treated as may be required at the various sight testing centres in the County.

Provision for the hospital treatment of cases of ophthalmia neonatorum has been made but is not always desired by general practitioners who may have notified and be treating the cases.

Little is done for the diagnosis and treatment of venereal disease in women and infants and it is hoped that much more in this way may be done in future in connection with the ante-natal clinics when suitable accommodation is available.

## TUBERCULOSIS.

There have been several changes of interest in the general administration of the Tuberculosis Scheme during the year. The necessity for opening the Dorset County Home at Parkstone to patients suffering from pulmonary tuberculosis in all stages of the disease instead of confining it to advanced cases only was referred to in my report last year.

As a result of the experience subsequently gained it was decided in October last that the Home was not only unsuitable for the treatment of men in the early stage of the disease, but owing to the lack of accommodation, really unsuitable also for the treatment of both sexes together. As a result from that date it was decided to confine the Home to the treatment of women and children only and the Home is probably now put to the best use possible.

A Minor Operation room was equipped and a surgeon specialising in chest surgery engaged to do the operation of phrenic evulsion there when necessary. Arrangements were also made to transfer temporarily to his care in hospital patients requiring the major operation of thoracoplasty.

With regard to men, arrangements were made to admit advanced cases to the Chickerell Sanatorium, Weymouth, and early cases to the Royal National Sanatorium, Bournemouth, or other outside institutions. Accommodation has also been made available in two special wards at the Wareham Public Assistance Institution for those patients for whom no treatment is possible but who require admission to an institution merely through having no homes of their own.

The arrangements for the treatment of men as a whole cannot be considered satisfactory and are referred to in a report by the Clinical Tuberculosis Officer below, but the arrangements are probably the best that can be made under the circumstances and may be regarded as temporary only.

The Bournemouth County Borough is known to be contemplating the building of an up-to-date hospital-sanatorium for tuberculosis in Dorset, and mutual arrangements between the two Councils for the admission of all patients to this one institution is the obvious solution of the present problem.

Further the actual number of cases of tuberculosis in the County for whom provision must be made had become a matter of uncertainty as a result of the much more accurate diagnosis now available with the help of X-Rays. The revision therefore of the Notification Registers in the County has been undertaken during the year by the Clinical Tuberculosis Officer and the results shown below were not unexpected. The primary responsibility for maintaining these Registers and revising them quarterly lies with the Medical Officers of Health of the Districts and help from the Tuberculosis Officer is always available to them for the purpose if required.

Beckford Lodge was closed as a sanatorium for early pulmonary cases at the end of March, 1935, and re-opened for non-pulmonary tuberculosis patients mainly of an orthopaedic character. Developments at the Home during the year have been described in the section of my report dealing with orthopaedic treatment.

A lecture tour under the auspices of the National Association for the Prevention of Tuberculosis was carried out in Dorset during April, 1935, by Dr. Harley Williams. Advertising was undertaken by means of posters, cards, personal invitations and the Press, and the lectures were accompanied by cinematograph films and lantern slides. Meetings were arranged in all the larger centres of population in the County. Afternoon lectures were held for children and evening lectures for adults. Unfortunately, except in few instances, the attendances could not be described as otherwise than poor, but it is hoped that an introduction has been made and interest in the subject stimulated to a small extent.

The County Medical Staff was depleted during the year as a result of illness, but the Committee were fortunate in being able to obtain the temporary services of Dr. L. Crossley, who had recently retired from the post of Tuberculosis Officer for Wiltshire and acted in this capacity in Dorset for a period of two months, and also those of Dr. C. Cassidy, who took charge of the Dorset County Home and the Poole Dispensary for a period of 10 months during which he also carried out the whole of the X-Ray work of pulmonary patients for the County.

The following report has been compiled by Dr. Chalke, and a short report has also been added by Dr. Cassidy on his work at the Dorset County Home :—

#### *Deaths and Death Rates.*

The total number of deaths in the County from all forms of tuberculosis during 1935 was 138, of which 123 were from pulmonary tuberculosis and 15 from other forms.

The pulmonary tuberculosis death-rate for the year 1935 is 500 per million living and the non--pulmonary rate is 60 per million. These figures compare favourably with those for England and Wales as a whole.

Since 1920 there has been a steady decline in the tuberculosis death-rate of the County comparable with that experienced in the rest of the country. The following figures show the crude death-rates per million in Dorset and are in respect of three 5 year periods. They have been compiled from data given in the annual reports of the County Medical Officer :—

		1920-24.	1925-29.	1930-34.
Pulmonary	...	725	590	530
Non-pulmonary	...	210	132	155

It will be seen that the non-pulmonary rate has risen slightly during the past quinquennium. The pulmonary death-rate continues to fall.

#### *Notifications.*

Excluding duplicate notifications of cases previously notified the number of primary notifications in 1935 was 255. Of these, 195 were of pulmonary tuberculosis, being 10 more than in 1934. Non-pulmonary notifications numbered 60, or 19 less than the previous year.

The importance of early diagnosis of tuberculosis cannot be overstressed. Apart from the dangers to others consequent upon unrecognised disease there is the additional factor that modern methods of treatment offer a reasonable hope of cure if the disease is not too far advanced. Large numbers of cases are still not being notified early enough. It is urged that the services of the Tuberculosis Officer be utilised whenever there is the least suspicion of tuberculosis.

The Tuberculosis Officer saw 79% of the notified cases. Of the remainder 7% died very soon after notification or were patients in the Mental Hospital. Twelve deaths occurred in cases that had not been previously notified as such and in response to a routine enquiry that is now sent out in these cases the following replies were received :—

*Circumstances of non-notification of fatal cases.*

	<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
Doctor only in attendance shortly before death ...	—	1	1
Complicated case, presenting difficulty in diagnosis ...	—	1	1
Misinterpretation of Tuberculosis Regulations and notification believed to be unnecessary ...	1	—	1
No doctor in attendance ...	1	—	1
Attended by more than one doctor, and notification believed to have been made by the first practitioner	4	—	4
Notified after death ...	3	—	3
Tuberculosis not primary cause of death ...	—	1	1
TOTAL ...	9	3	12

*Revision of Notification Registers.*

The tuberculosis registers have now been overhauled in all the districts except the Poole and Weymouth Boroughs, the latter not being quite completed. A large number of visits have been made, and the revision has necessitated a great deal of extra work by the office staff. The results are as follows (less Poole and Weymouth) :—

Number on registers originally ...	845
Number removed ...	538
Number remaining on ...	307

About 60 names of persons notified since the revision was commenced have to be added to the final total. It was found that many patients had died (often many years ago) ; others had left the County, or had left their addresses so long ago that they could not be traced. Clinical and X-Ray examination enabled a number of names to be removed as “cured.” It is hoped, with the co-operation of the Medical Officers of Health, to keep the register up-to-date in future.

*After-history of patients.*

The revision of the registers necessitated an enquiry being made as to the present condition of every notified case of tuberculosis in the County.

The information thus obtained has been recorded on special Record Cards, and these are kept up-to-date by means of a follow-up scheme. This is being done with respect to both “applied” and “non-applied” cases. It is essential that authentic information concerning each patient be obtained at regular intervals, and for this purpose, letters are sent both to the patients and their doctors periodically. It is hoped to reduce the number of “lost sight of” cases to a minimum by this means.

Non-pulmonary cases who attend outside institutions as out-patients are also seen at the dispensaries. Many visits to patients at their homes are made in company with the orthopaedic sister.

The inauguration of an after-care scheme would help considerably in the control and supervision of cases.



### *Applications.*

The number of new applications for treatment was 303 (144 from insured persons and 159 from non-insured persons). The percentage of notified cases applying for treatment was 74.1%. The number of persons examined at the dispensaries was 544, the number treated at the sanatoria 186, and the number treated at hospitals for surgical cases 79.

### *Residential Treatment.*

The arrangement whereby the Dorset County Home is being used for female patients only, is working satisfactorily. During the winter the waiting-list became somewhat congested, but this is being relieved with the opening of the Shelters. The situation and structure of the Home render it far from suitable for use as a sanatorium, but it is serving well as a temporary expedient. During the year there were numerous consultations with the surgical Consultant, and such treatment as phrenicectomy, adhesion-cutting and lipiodal examinations were carried out by him. With the exception of phrenicectomy, the operations took place at the Cornelia Hospital.

Facilities for the treatment of male consumptives are not satisfactory. Early cases are sent to Institutions outside the County, but the waiting-lists are often long, and there is sometimes much delay in securing a bed. Patients with advanced disease, or otherwise unsuitable for treatment on "active" lines, are satisfactorily housed at the Weymouth Borough Sanatorium. For males of an "intermediate" type suitable accommodation is difficult to obtain. They are not generally welcomed at Sanatoria which cater for ambulant cases. The Weymouth Sanatorium contains no X-Ray plant, and lacks many other amenities for the "active" treatment of consumption. The ward at the Wareham Public Assistance Institution is of great use for very advanced cases of a chronic type, whose home conditions are unsuitable. Many patients object to entering this Institution because of the imagined stigma of the "Infirmity." There is the further objection that by so doing they lose their sick benefit.

Children with pulmonary tuberculosis cannot be sent to the Swanage Red Cross Hospital; there is no other suitable accommodation for them in the County.

Further beds for the reception of "observation" cases are urgently required.

### *Dispensary Attendances.*

There were 2,638 attendances at the Dispensaries during the year. This shows a considerable decrease from the figures for the previous year. The principle of making the Dispensary more a centre for examination, control and disposal of cases than a place for obtaining medicaments, has been adhered to. New patients found to be suffering from tuberculosis are, generally, not encouraged to make frequent visits to the Dispensary pending their admission to a Sanatorium. Rest is essential in tuberculosis, and the long journeys which are often necessary in Dorset are consequently harmful. Pyrexial persons, and those who have had a recent haemoptysis, should be seen at their homes whenever possible. Numbers of persons who would otherwise attend the Dispensaries now visit the Dorset County Home for artificial Pneumothorax refills.

### *Contact examinations.*

The number of contacts with positive sputum patients who were examined was 205. Of these, 6 were found to be tuberculous, and one remains under observation. This important aspect of anti-tuberculosis work should receive greater attention. Mantoux testing and X-Ray examination should be carried out on a larger scale, and endeavour made to trace the infecting case. Contact examination should not be confined to the patient's family, there is often close contact with others at the workplace or elsewhere.

### *Mantoux Test.*

This test is of great value in the diagnosis of tuberculosis in children and young people. It is now carried out as a routine in the case of every young patient seen for the first time. Patients at the Swanage Hospital and at Beckford Lodge are also tested in this way.

### *Blood sedimentation-rate, etc.*

Periodical sedimentation-rate examinations are carried out on all patients at the Dorset County Home, and on certain patients at Beckford Lodge. Sister Hoe, at the County Home, has been taught how to perform this test, and does it most efficiently.

Culture of tubercle bacilli on Jensen Loewenstein medium is carried out at the County Laboratory, Bournemouth, thanks to the courtesy of Dr. Charles.

### *Artificial Pneumothorax Treatment.*

With the increasing number of "refills," another centre to deal with patients from the West of the County, is urgently required. It is hoped that the establishment of a clinic and X-Ray plant in Dorchester will help to solve this problem. The results of this form of treatment have been very encouraging. At least two years is required for treatment, and it is too early yet to report on the results.

### *Housing and Boarding-out.*

The claims of tuberculosis patients to be given a certain preference in the allotment of newly-erected municipal houses, should receive the greatest consideration. Increased facilities for the boarding-out of the children of tuberculous parents should be obtained. Boarding-out is indicated when the housing conditions are poor, and there is great danger of the children receiving mass infection. It is also required when the parent or parents are in Sanatoria, and there is no-one to look after the children. In this respect, an After-care Committee would render valuable assistance.

### *After-care.*

No tuberculous service can work with maximum efficiency unless it has a satisfactory scheme for the after-care of tuberculous patients. A voluntary scheme, supervised by an after-care committee would, in my opinion, be of great value in Dorset. Such a committee renders invaluable assistance to the Tuberculosis Officer by keeping in touch with tuberculous patients and their families, by controlling a fund for relief in necessitous cases, by arranging for the boarding-out of children, by establishing handicraft classes, by assisting patients to obtain suitable work, in disseminating knowledge as to the prevention of the disease, and in many other ways. Poole and District could well have such a scheme of its own.

The establishment of handicraft classes at Beckford Lodge is an excellent innovation ; something of a similar nature could well be established at the Dorset County Home. The tuberculous subject has to alter his whole outlook on life. In a large number of cases there is little hope of a return to the previous occupation. Ability to engage in some simple handicraft is often a great mental stimulus to such a person. It is particularly valuable in the long drawn-out treatment of surgical tubercle. An after-care committee can help patients to continue such occupational therapy after they have returned to their homes.

### **Dorset County Home.**

Dr. Cassidy reports as follows :—

" I attach a few statistics showing the work done at the Dorset County Home from the 1st July, 1935, up to the end of April, 1936.

The Home is now devoted to the treatment of female patients only and the change has undoubtedly been for the better as the building was not adapted to the treatment of cases of both sexes. There is, however, always a demand for single wards in excess of the supply owing to the admission of advanced cases and of cases for observation. This demand might be met to a certain extent by utilising the huts in the warmer weather.

The work of the Home has gone on with efficiency and smoothness, thanks very largely to the co-operation and efficiency of Miss Griggs (the Matron), Sister Hoe and the nursing staff, who have all rendered the most loyal and efficient support.

Of the 70 admissions, 16 have died, and most of these were quite hopeless advanced cases on admission. Sixty-one were discharged and of these 44 went home considerably improved.

There were 19 inductions of artificial pneumothorax, and this in suitable cases is undoubtedly the most successful line of treatment. In two cases the induction failed which goes to show how important it is that the patient and relatives should always be warned beforehand that this may happen. You never know if you are going to succeed until you have tried.

Two of the cases of artificial pneumothorax died. They were both advanced cases and the artificial pneumothorax was tried as a last resort. In these cases life is sometimes prolonged but not much more can be hoped for.

Of the 14 who are having refills at the present time, the prospects of 11 are very good. In two the outlook depends on the condition of the other lung, and the remaining one has amyloid disease of the kidneys which will probably prove to be fatal.

One case was done for profuse and continuous haemorrhage. The lung was collapsed in two sittings and this undoubtedly saved her life. She is now attending for refills.

The operation of phrenic evulsion was performed in one case and the result has been only moderately successful. One case had bad adhesions divided and the result of this has been successful though the condition of the other lung is now doubtful.

Gas replacement has been performed seven times, and it is remarkable that all these cases have been transferred with fluid from other sanatoria. This is, however, merely a coincidence.

Injections of gold have been given in four cases. One case was improved and tubercle bacilli disappeared from the sputum only to return in two months time. One is having injections at the present time and the remaining two were advanced cases in which the treatment was abandoned on the appearance of abdominal symptoms. Calcium injections are at present being given to one fibrotic case with apparent benefit.

The X-Ray plant continues to give very useful service as will be seen from the fact that during the past 10 months 485 films have been taken and that it has been used for screening 1,684 times.

Considering that this institution admits cases in all stages of the disease, the results are good and show that it fulfils a very useful purpose.

I would like to make one remark before leaving and that refers to the infected children. These are the cases that are going to fill the homes later on and there is not much to be done for them at present. They attend Poole Dispensary for cod liver oil and malt, which is all very well as far as it goes and, if they are lucky, they may get a few weeks at Swanage. What most of them want is at least six months away from their homes with good food, fresh air and light. When the Dorset County Home is closed as a Sanatorium you might possibly consider retaining it as a convalescent home for tuberculous and pre-tuberculous children."

The following are the particulars of X-Ray examinations and artificial pneumothorax treatment carried out at the Home during the year :—

		Screenings.	Films taken.	A.P. inductions.	A.P. refills.
In-patients	...	738	131	25	437
Out-patients	...	1019	483	—	229
<b>TOTAL</b>	...	<b>1757</b>	<b>614</b>	<b>25</b>	<b>666</b>

**Tuberculosis Health Visiting.** This is chiefly carried out by wholtime Health Visitors employed by the County Council, but the wholtime Health Visitors and Nurses employed by the Dorset County Nursing Association also assist in this Scheme. The number of patients reported upon during the year was 605, and the number of visits made 2,707.

#### *Analysis of Health Visitors' Reports on Patients.*

Inquiries made by Health Visitors.	Affirmative Replies.	Negative Replies.
Observing rules for <i>Treatment satisfactorily</i> ...	564	2
Taking proper <i>precautions</i> ...	561	5
Using <i>sputum flask</i> ...	283	*283
Sleeping alone in a <i>separate bedroom</i> ...	349	†217
Sufficient nourishment ...	544	22
Properly <i>looked after</i> ...	558	8
Requiring special <i>nursing</i> ...	9	567

\*No sputum.

†150 of these had no sputum and were therefore probably *non-infective*.

**Public Health Act, 1925—Section 62.** No action has been taken by the Council under this Section of the Act.

**Public Health (Prevention of Tuberculosis) Regulations, 1925.** No action is reported to have been taken under these Regulations relating to persons suffering from pulmonary tuberculosis employed in the milk trade during the year.



TABLE I.  
VITAL STATISTICS OF WHOLE COUNTY AND SEPARATE DISTRICTS DURING 1935.

			Population estimated to Middle of 1935.	BIRTHS.		DEATHS.				
				Number		Live Rate.	Under 1 year of age.		At all ages.	
				Live Births.	Still Births.		Number.	Rate per 1000 Live Births.	Number.	Crude Death Rate.
WHOLE COUNTY ...			246200	3459	137	14.0	132	38	2971	12.0
URBAN DISTRICTS	{	Blandford ...	3513	61	3	17.3	1	16	51	14.5
		Bridport ...	5906	66	5	11.1	3	45	92	15.5
		Dorchester ...	10270	148	6	14.4	10	67	102	9.9
		Lyme Regis ...	2619	37	—	14.1	1	27	43	16.4
		Poole ...	65600	993	31	15.1	45	45	764	11.6
		Portland ...	11400	144	3	12.6	5	34	100	8.7
		Shaftesbury ...	3093	34	—	10.9	3	88	40	12.9
		Sherborne ...	6520	56	2	8.5	4	71	83	12.7
		Swanage ...	6050	61	2	10.0	1	16	72	11.9
		Wareham ...	2461	41	—	16.6	1	24	44	17.8
	{	Weymouth	31020	460	24	14.8	13	28	366	11.7
		Wimborne	4048	47	1	11.6	—	—	59	14.5
TOTAL OF URBAN DISTRICTS			152500	2148	77	14.0	87	40	1816	11.9
RURAL DISTRICTS	{	Beaminster	7787	103	3	13.2	3	23	89	11.4
		Blandford ...	7339	99	7	13.4	5	50	121	16.4
		Bridport ...	6985	75	3	10.7	3	40	94	13.4
		Dorchester ...	15960	216	11	13.5	6	27	181	11.3
		Shaftesbury ...	8404	125	7	14.8	5	40	102	12.1
		Sherborne ...	5186	76	4	14.6	3	39	71	13.6
		Sturminster ...	8209	117	6	14.2	4	34	123	14.9
		Wareham ...	16190	227	6	14.0	4	17	156	9.6
	{	Wimborne	17640	273	13	15.4	12	43	218	12.3
		TOTAL OF RURAL DISTRICTS			93700	1311	60	13.9	45	34
England and Wales ...						14.7		57		11.7

The **corrected death-rate** for the Urban Districts is 10.3 and that for the Rural Districts 9.9.

These figures take into consideration the sex and age of the populations, and are based on calculations made by the Registrar General to enable a more accurate comparison to be made with other areas in the Country.

TABLE II.

Cases of Infectious Diseases, other than Tuberculosis, notified during the Year 1935, and number of cases removed to Hospital.

## URBAN DISTRICTS.

NOTIFIABLE DISEASE.	BLANDFORD.		BRIDPORT.		DORCHESTER.		LYME REGIS.		POOLE.		PORTLAND.		SHAFTESBURY.		SHERBORNE.		SWANAGE.		WAREHAM.		WEYMOUTH.		WIMBORNE.		Total Cases Notified.	Total Cases removed to Hospital.
	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.		
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	15	14	17	—	5	5	—	—	66	60	44	26	32	30	6	6	9	8	2	—	69	67	6	5	271	221
Diphtheria	1	1	—	—	6	6	—	—	19	18	26	—	—	—	—	—	—	—	11	11	12	12	1	1	76	71
Enteric	—	—	—	—	—	—	—	—	6	6	—	—	—	—	—	—	2	—	—	—	—	—	—	—	8	6
Pneumonia	2	—	—	—	2	1	—	—	37	—	2	—	2	1	5	—	7	1	8	—	14	2	—	—	79	5
Puerperal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever	1	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	1	1	—	—	5	4
Puerperal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pyrexia	—	—	—	—	2	2	—	—	8	2	1	—	—	—	2	1	—	—	—	—	—	—	—	—	14	6
Erysipelas	3	1	2	—	3	—	—	—	20	3	4	1	—	—	—	—	4	—	—	—	2	1	—	—	38	6
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lethargica	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—
Cerebro-spinal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	1
Poliomyelitis	—	—	—	—	—	—	1	1	1	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	4	2
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	2	1
Malaria	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—
TOTALS	22	16	20	—	22	14	1	1	161	94	77	49	34	31	16	7	23	9	22	11	99	84	8	7	505	323

## RURAL DISTRICTS.

NOTIFIABLE DISEASE.	BEAMINSTER.		BLANDFORD.		BRIDPORT.		DORCHESTER.		SHAFTESBURY.		SHERBORNE.		STURMINSTER.		WAREHAM.		WIMBORNE.		Total cases notified.		Total Cases removed to Hospital.	
	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.				
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	11	2	24	24	13	—	14	12	31	25	—	—	19	15	27	22	18	9	157	109	45	7
Diphtheria	17	14	3	3	1	—	1	1	3	2	8	8	9	7	2	2	8	8	52	45	7	—
Enteric	—	—	2	2	—	—	5	5	—	—	—	—	—	—	—	—	—	—	7	7	—	—
Pneumonia	5	1	6	2	1	—	4	—	7	1	6	—	3	—	7	—	9	1	48	5	—	—
Puerperal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever	—	—	1	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	3	1	—	—
Puerperal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pyrexia	1	—	2	—	—	—	1	1	4	—	—	—	—	—	1	1	2	1	11	3	2	—
Erysipelas	2	—	6	2	3	—	3	13	—	—	—	—	4	—	3	—	—	—	21	2	—	—
Dysentery	—	—	—	—	—	—	13	13	—	—	—	—	—	—	—	—	—	—	13	13	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lethargica	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—
Cerebro-spinal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	36	17	44	34	19	—	41	32	45	28	15	8	35	22	41	25	38	19	314	185	—	—

TABLE III. (a).  
Causes of and Ages at Death during the Year, 1935.  
WHOLE COUNTY.

CAUSES OF DEATH.	All ages	NETT DEATHS OF " RESIDENTS " WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.										75 and upward
		Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	
1	2	3	4	5	6	7	8	9	10	11	12	13
Causes.	2971	132	13	27	52	56	115	140	242	433	747	1014
1. Typhoid and Paratyphoid Fevers ... ..	3	—	—	—	—	—	—	1	1	—	1	—
2. Measles ... ..	2	—	—	—	2	—	—	—	—	—	—	—
3. Scarlet Fever ... ..	6	—	—	2	3	—	1	—	—	—	—	—
4. Whooping Cough ... ..	1	—	1	—	—	—	—	—	—	—	—	—
5. Diphtheria ... ..	12	1	—	4	7	—	—	—	—	—	—	—
6. Influenza ... ..	40	—	—	—	2	1	2	5	1	7	11	11
7. Encephalitis Lethargica ... ..	4	—	—	—	—	—	2	—	—	—	2	—
8. Cerebro-spinal fever ... ..	1	—	1	—	—	—	—	—	—	—	—	—
9. Tuberculosis of Respiratory system ... ..	123	—	—	—	5	13	35	23	27	12	7	1
10. Other Tuberculous Diseases ... ..	15	1	1	2	4	2	2	3	—	—	—	—
11. Syphilis ... ..	11	—	—	—	—	—	1	1	4	3	—	2
12. General Paralysis of the insane, tabes dorsalis ... ..	6	—	—	—	—	—	—	2	—	2	1	1
13. Cancer, Malignant Disease ... ..	495	—	—	—	—	1	9	25	63	112	176	109
14. Diabetes ... ..	38	—	—	1	—	—	1	—	3	14	12	7
15. Cerebral Haemorrhage, &c. ... ..	175	—	—	—	—	—	1	3	7	29	56	79
16. Heart Disease ... ..	766	—	—	—	3	4	10	10	51	105	225	358
17. Aneurysm ... ..	10	—	—	—	—	—	—	1	1	4	2	2
18. Other circulatory diseases ... ..	170	—	—	—	—	—	—	1	7	25	50	87
19. Bronchitis ... ..	85	3	1	1	1	1	1	2	2	9	10	54
20. Pneumonia (all forms) ... ..	97	10	—	4	—	1	2	15	4	13	22	26
21. Other Respiratory Diseases ... ..	26	1	1	—	—	1	—	2	3	2	7	9
22. Peptic ulcer ... ..	21	—	—	—	—	—	2	—	8	2	7	2
23. Diarrhoea, etc. ... ..	11	6	—	1	—	1	—	1	—	—	—	2
24. Appendicitis ... ..	26	—	—	2	5	5	3	3	2	2	2	2
25. Cirrhosis of Liver ... ..	14	—	—	—	—	—	—	—	2	2	9	1
26. Other diseases of Liver, &c. ... ..	21	—	—	—	—	—	—	—	1	7	7	6
27. Other digestive diseases ... ..	65	6	2	1	3	2	2	6	7	12	15	9
28. Acute & Chronic Nephritis ... ..	102	—	—	1	—	2	1	9	13	16	29	31
29. Puerperal Sepsis ... ..	5	—	—	—	—	1	4	—	—	—	—	—
30. Other Puerperal causes ... ..	9	—	—	—	—	1	5	3	—	—	—	—
31. Congenital Debility and Malformation, Premature Birth, &c. ... ..	103	97	—	2	1	1	—	—	1	1	—	—
32. Senility ... ..	147	—	—	—	—	—	—	—	—	—	11	136
33. Suicide ... ..	30	—	—	—	—	2	5	6	3	8	6	—
34. Other violence ... ..	102	1	3	1	4	11	15	12	11	9	18	17
35. Other Defined Diseases ... ..	222	6	3	4	12	6	11	6	20	37	53	59
36. Causes ill-defined or unknown ... ..	7	—	—	1	—	—	—	—	—	—	3	3
TOTALS ... ..	2971	132	13	27	52	56	115	140	242	433	747	1014



TABLE III. (b).  
Causes of Death at all Ages in each District during the Year 1935.

CAUSES OF DEATH.	URBAN DISTRICTS.											RURAL DISTRICTS.											Total for whole County.		
	Blandford	Bridport	Dorchester	Lyme Regis	Poole	Portland	Shaftesbury	Sherborne	Swanage	Wareham	Weymouth	Wimborne	Total Urban Districts	Breaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham	Wimborne		Total Rural Districts	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
All Causes.	51	92	102	43	764	100	40	83	72	44	366	59	1816	89	121	94	181	102	71	123	156	218	1155	2971	
1. Typhoid and paratyphoid fevers	—	—	—	—	1	—	—	—	1	—	—	—	2	—	—	—	1	—	—	—	—	—	—	1	3
2. Measles	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	2
3. Scarlet Fever	—	—	—	—	1	1	—	—	1	—	—	—	4	—	1	—	—	1	—	—	—	—	2	6	
4. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Diphtheria	—	—	—	—	4	1	1	1	1	2	2	2	17	5	2	—	5	1	1	1	2	2	6	12	
6. Influenza	1	—	—	—	10	—	—	—	—	1	—	—	3	—	—	—	—	—	—	—	—	—	4	40	
7. Encephalitis Lethargica	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	
8. Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Tuberculosis of Respiratory System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Other Tuberculous Diseases	2	5	3	—	52	3	—	5	1	3	17	—	91	3	4	1	4	2	1	1	7	9	32	123	
11. Syphilis	—	—	—	—	4	2	—	—	1	—	2	—	9	1	—	—	3	—	—	—	2	1	5	15	
12. General paralysis of the insane, tabes dorsalis	—	—	—	—	4	2	—	—	—	—	—	—	6	1	—	—	—	—	—	—	—	—	—	11	
13. Cancer, Malignant Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	3	6	
14. Diabetes	10	20	24	5	120	17	14	17	9	8	64	8	316	17	13	12	36	16	11	19	27	28	179	495	
15. Cerebral Haemorrhage, etc.	1	3	11	2	9	2	1	1	1	—	10	3	33	4	6	10	12	6	4	8	7	13	70	175	
16. Heart Disease	5	30	16	9	204	23	8	24	21	11	86	13	457	29	37	33	36	21	25	31	45	52	309	766	
17. Aneurysm	1	1	—	—	2	1	2	2	8	2	2	2	7	2	2	3	10	18	2	6	15	13	75	170	
18. Other Circulatory Diseases	1	4	1	2	58	3	2	2	1	3	11	4	95	4	4	3	10	1	1	3	4	6	30	85	
19. Bronchitis	1	2	4	4	20	7	—	2	1	3	14	2	55	2	5	1	8	1	3	1	3	5	33	97	
20. Pneumonia (all forms)	1	3	4	4	31	4	—	1	1	—	4	2	64	3	2	5	5	6	3	1	3	5	33	97	
21. Other Respiratory Diseases	—	—	—	—	12	1	—	—	—	—	—	—	20	—	1	—	3	—	—	—	1	1	6	26	
22. Peptic Ulcer...	—	1	1	—	7	1	—	—	1	2	2	—	15	—	—	—	2	1	—	—	—	2	6	21	
23. Diarrhoea, etc., under 2 years	—	—	—	—	2	—	—	—	—	—	1	—	4	—	1	—	1	—	—	—	—	—	—	6	
24. Appendicitis...	—	1	1	—	7	2	—	—	—	—	3	2	10	2	1	—	1	1	—	2	2	1	9	26	
25. Cirrhosis of Liver	—	—	—	—	3	2	1	1	—	—	3	—	13	1	—	—	—	3	—	—	—	—	4	14	
26. Other diseases of liver, etc.	—	1	1	—	2	2	1	5	1	—	5	—	45	1	5	3	2	1	1	8	2	3	8	21	
27. Other digestive diseases	—	—	3	—	18	2	1	3	2	2	11	2	64	2	3	5	8	7	2	—	4	7	38	102	
28. Acute and Chronic Nephritis	3	3	4	5	11	5	3	3	3	3	19	2	4	2	3	5	8	7	2	—	—	—	1	5	
29. Puerperal Sepsis	—	—	—	—	2	—	—	—	—	—	2	—	4	—	1	—	—	—	—	—	—	—	—	2	
30. Other Puerperal causes	—	—	—	—	1	—	—	—	—	—	3	—	7	1	1	—	—	—	—	—	—	—	1	9	
31. Congenital Debility, Premature Birth, malformations etc.	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32. Senility	1	2	8	1	37	3	3	4	—	1	9	—	69	3	4	3	3	4	3	4	3	7	34	103	
33. Suicide	6	8	2	1	16	4	—	5	—	—	16	9	67	1	12	3	13	1	5	19	6	20	80	147	
34. Other violence	—	—	—	—	8	—	—	—	2	—	6	2	19	2	1	—	3	1	—	—	3	11	30	30	
35. Other Defined Diseases	1	2	5	4	28	2	—	2	3	—	12	2	61	5	3	2	5	4	3	6	8	5	41	102	
36. Causes ill-defined or unknown	2	1	13	5	44	4	—	5	7	6	25	5	120	3	8	11	12	7	5	1	14	31	102	222	
TOTALS	51	92	102	43	764	100	40	83	72	44	366	59	1816	89	121	94	181	102	71	123	156	218	1155	2971	

TABLE IV. TUBERCULOSIS. STATISTICAL SUMMARY FOR THE YEAR ENDED  
31st DECEMBER, 1935, OF CASES DEALT WITH UNDER COUNTY SCHEME.

NEW APPLICATIONS.

Number of new applications for treatment :—

<i>Insured.</i>	<i>Non-Insured.</i>	<i>Total.</i>
144	159	303

<i>Insured</i>	<i>Non-insured</i>	<i>Pulmonary.</i>	<i>Non-pul-pulmonary.</i>	<i>Non-Tubercular.</i>	<i>Obser-vation.</i>	<i>Total.</i>
149	40	89	25	303		

DISPENSARY RETURNS FOR 1935. Total Persons registered for 1935.								NEW CASES AND MORTALITY DURING 1935.								
Dispensary.	Insured Cases			Non-insured Cases			Total Insured and Non-Insured	Age Periods.	NEW CASES.				DEATHS.			
	Old	New	Total	Old	New	Total			Pulmon'y		Non-Pul.		Pulmon'y		Non-Pul.	
Bridport	11	10	21	16	12	28	49	0	M.	F.	M.	F.	M.	F.	M.	F.
Weymouth	44	39	83	54	37	91	174	1	—	1	3	2	—	—	1	2
Poole	68	63	131	79	84	163	294	5	3	—	7	8	2	3	3	1
Sturminster	4	5	9	9	9	18	27	10	4	4	6	9				
Totals	127	117	244	158	142	300	544	15	1	13	1	4	3	10	—	2
Dispensary.	Total attendances during 1935.							20	9	16	1	3				
	Insured Cases.			Non-insured Case s.			Total Insured and Non-Insured	25	24	33	3	3	16	19	1	1
	Old	New	Total	Old	New	Total		35	23	13	—	3	14	9	3	—
Bridport	45	14	59	83	25	108	167	45	21	10	—	2	18	9	—	—
Weymouth	262	74	336	384	64	448	784	55	8	7	2	—	4	8	—	—
Poole	425	133	558	528	168	696	1254	65 and upwards	3	2	—	1	5	3	—	—
Sturminster	42	8	50	61	17	78	128	Totals	96	99	25	35	62	61	9	6
Totals	774	229	1003	1056	274	1330	2333									

Return showing the work of the Dispensaries during 1935.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts) :—														
(a) Definitely tuberculous ...	76	71	3	3	9	10	12	17	85	81	15	20	201	} 335
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	9	9	4	2	24	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	31	41	18	20	110	
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	—	4	1	1	—	—	—	—	—	4	1	1	6	} 205
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	1	—	—	1	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	54	76	29	39	198	
C.—CASES written off the Dispensary Register as :—														
(a) Recovered ...	37	28	4	2	9	14	13	14	46	42	17	16	121	} 478
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	96	138	56	67	357	
D.—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	311	271	16	17	63	68	67	59	374	339	83	76	872	} 902
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	9	9	7	5	30	
1. Number of cases on Dispensary Register on January 1st, 1935 ...				958	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...									26
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...				45	4. Cases written off during the year as Dead (all causes) ...									99
5. Number of attendances at the Dispensary (including Contacts) ...				2638	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...									112
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...				184 421	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...									336
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...				2707	10. Number of :— (a) Specimens of sputum, etc., examined ... (b) X-Ray examinations made ... in connection with Dispensary work									426 1502
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...				7	12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1935 ...									228



Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Public Assistance Institutions) approved for the treatment of Tuberculosis.

			In Institutions on Jan. 1st (1)	Admitted during the year (2)	Discharged during the year (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st (5)
Number of doubtfully tuberculous cases admitted for observation	Adult males	...	—	3	3	—	—
	Adult females	...	—	1	1	—	—
	Children	...	—	12	11	—	1
	Total	...	—	16	15	—	1
Number of patients suffering from pulmonary tuberculosis	Adult males	...	30	66	69	11	16
	Adult females	...	17	95	64	16	32
	Children	...	2	9	7	—	4
	Total	...	49	170	140	27	52
Number of patients suffering from non- pulmonary tuberculosis	Adult males	...	6	17	9	1	13
	Adult females	...	6	16	18	1	3
	Children	...	22	46	42	—	26
	Total	...	34	79	69	2	42
GRAND TOTAL			83	265	224	29	95

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.		FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
		Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-tuberculous	...	—	—	3	3	1	6	—	—	—	—	—	2	3	1	11
Doubtful	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	...	—	—	3	3	1	6	—	—	—	—	—	2	3	1	11

**Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.**

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.	
			*Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.				
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ... Not quiescent ... Died in Institution ...	7 5 2	8 — 1	1 — —	6 2 —	6 3 —	— — —	— — —	2 — —	— — —	1 — —	— — —	— — —	13 7 2	16 3 1	1 1 —	30 11 3	
	Class T.B. plus Group I.	Quiescent ... Not quiescent ... Died in Institution ...	2 — —	1 1 —	— — —	1 1 —	1 — —	— — —	— — —	2 — —	— — —	— — —	— — —	— — —	5 1 —	2 1 —	— — —	7 2 —	
	Class T.B. plus Group II.	Quiescent ... Not quiescent ... Died in Institution ...	1 4 —	— — —	1 — —	1 1 —	3 3 —	2 — —	— 1 —	2 2 —	— — —	— 1 —	— — —	— — —	2 7 —	5 5 —	3 — —	10 12 —	
	Class T.B. plus Group III.	Quiescent ... Not quiescent ... Died in Institution ...	— 8 2	— 9 5	— 1 —	1 10 4	— 9 5	— — —	— 9 —	— 5 2	— 4 —	— — —	— 1 —	— 3 —	— — —	1 24 8	— 25 10	— 1 —	1 50 18
	TOTALS (pulmonary) ...		31	25	3	27	30	2	10	10	1	2	3	—	70	68	6	144	
	NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ... Not quiescent ... Died in Institution ...	— 1 —	5 — —	— 2 —	1 1 1	1 — —	2 1 —	1 2 —	1 3 —	4 1 —	1 1 —	1 — —	3 4 —	3 5 1	8 3 —	9 8 —	20 16 1
		Abdominal.	Quiescent ... Not quiescent ... Died in Institution ...	— — —	— — —	2 3 —	— — —	— 1 —	— 1 —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— 1 —	2 4 —	2 5 —
		Other Organs.	Quiescent ... Not quiescent ... Died in Institution ...	— — —	— 2 —	1 — —	— — —	— — —	1 — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— 2 —	2 — —	2 2 —
		Peripheral glands.	Quiescent ... Not quiescent ... Died in Institution ...	— — —	1 — —	2 5 —	— — —	— — —	— 2 —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	1 — —	2 7 —	3 7 —
		TOTALS (non-pulmonary) ...		1	8	15	3	2	7	3	4	5	2	1	7	9	15	34	58

\*Note.—Patients whose stay in residential institutions has not exceeded 28 days are no longer included in this Table.

# REPORTS of District Medical Officers of Health

(Abstract of Returns from County Districts).

TABLE V. SANITARY INSPECTIONS (SEPARATE DISTRICTS).

	URBAN DISTRICTS.						RURAL DISTRICTS.				
	No. of Inspections.	No. of Informal Notices.	No. complied with.	No. of Statutory Notices.	No. complied with.		No. of Inspections.	No. of Informal Notices.	No. complied with.	No. of Statutory Notices.	No. complied with.
BLANDFORD ...	49	19	19	—	—	BEAMINSTER ...	424	20	20	—	—
BRIDPORT ...	280	14	13	2	1	BLANDFORD ...	95	4	3	—	—
DORCHESTER ...	1540	43	43	104	100	BRIDPORT ...	307	23	23	4	3
LYME REGIS ...	293	25	25	—	—	DORCHESTER ...	1031	46	35	14	13
POOLE ...	20755	920	764	47	38	SHAFTESBURY ...	1215	104	82	3	2
PORTLAND ...	1622	177	159	5	5	SHERBORNE ...	443	29	26	5	4
SHAFTESBURY ...	72	3	3	2	2	STURMINSTER ...	876	39	27	2	1
SHERBORNE ...	240	46	46	6	6	WAREHAM ...	893	15	13	—	—
SWANAGE ...	743	40	24	31	31	WIMBORNE ...	537	23	21	9	5
WAREHAM ...	55	25	21	—	—						
WEYMOUTH ...	1542	85	75	1	1						
WIMBORNE ...	360	35	35	6	6						

TABLE VI. COWSHEDS AND DAIRIES (SEPARATE DISTRICTS).

	URBAN DISTRICTS.								RURAL DISTRICTS.						
	No. of persons on Register at end of 1935.	No. of dairy farms and other dairy premises on Register at end of 1935.	No. of dairy farms inspected during 1935.	No. of inspections during 1935.	No. of Notices served.	No. complied with.	No. of Milkshops inspected during 1935.		No. of persons on Register at end of 1935.	No. of dairy farms and other dairy premises on Register at end of 1935.	No. of dairy farms inspected during 1935.	No. of inspections during 1935.	No. of Notices served.	No. complied with.	No. of Milkshops inspected during 1935.
BLANDFORD ...	8	8	—	24	—	—	8	40	—	—	—	—	—	—	—
BRIDPORT ...	26	13	9	16	1	1	4	12	—	—	—	—	—	—	—
DORCHESTER ...	25	9	9	14	—	—	9	19	—	—	—	—	—	—	—
*LYME REGIS ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
POOLE ...	245	37	37	274	8	8	all	528	2	2	—	—	—	—	—
PORTLAND ...	30	20	14	91	18	17	6	14	1	1	—	—	—	—	—
SHAFTESBURY ...	20	21	17	44	2	2	1	3	—	—	—	—	—	—	—
SHERBORNE ...	12	9	9	35	—	—	all	9	—	—	—	—	—	—	—
SWANAGE ...	23	36	18	25	11	1	21	29	—	—	—	—	—	—	—
WAREHAM ...	5	3	3	6	—	—	—	—	—	—	—	—	—	—	—
WEYMOUTH ...	65	65	14	49	3	3	—	18	—	—	—	—	—	—	—
WIMBORNE ...	5	5	5	11	—	—	4	24	1	1	—	—	—	—	—
BEAMINSTER ...	440	440	155	159	78	—	—	—	—	—	—	—	—	—	—
BLANDFORD ...	159	169	48	51	2	2	—	—	—	—	—	—	—	—	—
BRIDPORT ...	253	253	63	63	26	20	—	—	—	—	—	—	—	—	—
DORCHESTER ...	414	441	371	397	48	31	—	—	—	—	—	—	—	—	—
SHAFTESBURY ...	185	185	35	51	13	6	8	8	—	—	—	—	—	—	—
SHERBORNE ...	263	269	181	193	—	—	—	—	—	—	—	—	—	—	—
STURMINSTER ...	367	—	—	28	13	3	4	28	—	—	—	—	—	—	—
WAREHAM ...	299	299	491	491	2	2	—	—	—	—	—	—	—	—	—
WIMBORNE ...	318	329	261	261	—	—	3	7	—	—	—	—	—	—	—

\*Return not received.



TABLE VII.—HOUSING.

	URBAN DISTRICTS.										RURAL DISTRICTS.										
	BLANDFORD.	BRIDPORT.	DORCHESTER.	LYME REGIS.	POOLE.	PORTLAND.	SHAFTESBURY.	SHERBORNE.	SWANAGE.	WAREHAM.	WEYMOUTH.	WIMBORNE.	BEAMINSTER.	BLANDFORD.	BRIDPORT.	DORCHESTER.	SHAFTESBURY.	SHERBORNE.	STURMINSTER.	WAREHAM.	WIMBORNE.
Total number of new houses erected during the year ... ..	10	25	50	15	889	23	20	32	7	9	361	16	18	23	42	39	—	7	17	64	158
No. erected with State assistance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
By Local Authority ... ..	—	6	—	4	64	—	—	—	5	—	—	—	—	—	—	—	—	—	10	—	—
By other bodies or persons ... ..	—	17	—	—	—	—	20	—	2	—	—	—	—	23	42	—	—	—	—	—	—
Unfit.																					
No. of dwelling-houses inspected and recorded ... ..	36	35	179	56	830	217	72	70	104	—	272	20	113	338	96	207	17	319	34	34	63
No. unfit for habitation ... ..	1	4	1	—	30	12	—	—	14	—	11	—	7	6	8	13	8	—	24	—	23
No. not in all respects reasonably fit for habitation ... ..	35	31	90	12	576	177	9	52	31	44	81	14	47	2	68	98	71	29	4	15	7
Remedied by Informal Action.																					
No. of houses rendered fit after informal notices ... ..	35	31	3	12	476	159	8	46	—	40	61	14	21	5	68	34	55	26	8	13	41
Statutory Action (under various Acts).																					
No. of dwelling-houses as to which notices were served requiring repairs ... ..	—	—	87	—	24	10	3	6	31	—	—	6	—	5	—	13	3	3	2	—	—
No. rendered fit.																					
By owners ... ..	—	—	84	—	24	9	2	52	31	—	—	6	—	—	—	10	9	3	2	—	—
By Local Authority in default ... ..	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	3	—	—	—	—
No. of representations made with view to Closing Orders ... ..	1	4	1	—	4	—	—	—	—	—	—	—	—	—	—	2	1	—	—	1	—
No. of houses as to which Closing Orders were made ... ..	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	1	—
Number determined ... ..	1	4	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
No. of houses as to which Demolition Orders were made ... ..	1	4	—	2	3	6	—	—	14	32	3	—	7	—	—	4	5	—	8	—	15
Number demolished ... ..	—	—	—	—	3	—	1	—	—	3	2	—	—	—	—	1	—	—	—	—	—
No. of houses owned by Local Authority ... ..	66	223	314	—	769	80	64	238	115	48	802	100	52	38	72	170	119	36	148	84	142
Approximate number of working-class houses in the District ... ..	550	1200	2400	—	13544	2138	530	1021	880	429	6524	769	1500	1880	*2500	4300	2081	1170	2200	3381	3540
No. of houses erected for re-housing purposes ... ..	—	10	—	—	—	—	—	—	5	—	—	—	12	—	—	8	—	—	8	—	—

\* All houses. No. of working-class houses not known.

## PORT SANITARY DISTRICTS.

### PORT OF BRIDPORT.

MEDICAL OFFICER OF HEALTH—DR. A. PIMM.

No. of coastwise vessels entering port in 1935	...	36
No. of vessels entering port from foreign in 1935	...	28

### PORT OF LYME REGIS.

MEDICAL OFFICER OF HEALTH—DR. P. N. COOK.

No. of coastwise vessels entering port in 1935	...	10
No. of vessels entering port from foreign	...	14

### PORT OF WEYMOUTH.

MEDICAL OFFICER OF HEALTH—DR. M. J. SAUNDERS.

*(The Port of Weymouth includes Portland Roads and Weymouth Harbour).*

The following table shows the number and registered tonnage of steam and sailing vessels entering Portland Roads and Weymouth Harbour during 1935 :—

		No.	Tonnage.
Coastwise	...	1707	297773
Foreign	...	934	952413
Totals	...	2641	1250186

*Supervision of Foodstuffs.* The following represents the principal Unsound Foodstuffs destroyed during the year :—

	lbs.		lbs.
Cheese	... 73	Rabbits	... 62
Cooked Ham	... 6	Marmalade	... 11
Confectionery	... 10	Tomatoes	... 242
Bacon	... 25		

Weight of unsound foods destroyed :—3 cwts. 3 qrs. 9 lbs.

The total number of Rats destroyed during the year were :—

On vessels	...	...	80
In Docks, Quays, Wharves and Warehouses			496
Total	...		576

STATEMENT FROM REPORT OF SANITARY INSPECTOR.  
MR. GEORGE H. SMITH.

Number of Ships inspected in the Port during the year 1935 :—

Where Inspected.		No. of Notices served.	No. complied with.
Weymouth	222		
Portland	570		
Informal Notices	...	126	59
Statutory Notices	...	—	—
Total served	...	126	59

*(In many cases one Notice covered Several Nuisances).*

### PORT OF POOLE.

MEDICAL OFFICER OF HEALTH—DR. R. J. MAULE HORNE,  
M.B., D.P.H.

During the year 1,076 vessels entered the Port from Home Ports; and 150 from foreign Ports. Two vessels having arrived direct from an infected port were boarded and the crews examined. Under International agreement regarding Venereal Diseases suitable notices are available for all crews arriving at the Port as to the nearest treatment Centre which is at Boscombe and these notices are issued to the Captain at first call.

